



LEGISLATIVE COUNCIL

STANDING COMMITTEE ON SOCIAL ISSUES

The prevalence, causes and impacts of loneliness in New South Wales



Report 65

August 2025

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Standing Committee on Social Issues

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The prevalence, causes and impacts of loneliness in New South Wales

August 2025

Chair: Hon Dr Sarah Kaine MLC



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Terms of reference

That the Standing Committee on Social Issues inquire into and report on the prevalence, causes and impacts of loneliness in NSW, and in particular:

- (a) the extent of loneliness and social isolation in NSW and how this is measured and recorded, including opportunities for additional and/or improved data capture
- (b) the identification of populations most at risk of loneliness and social isolation
- (c) evidence of the psychological and physiological impacts of loneliness on people, including young people, the elderly, those living with a disability, those living in regional areas and the bereaved
- (d) evidence linking social connection to physical health
- (e) factors that contribute to the development of transient loneliness into chronic loneliness
- (f) the financial costs of loneliness to the NSW budget and the state economy and steps that can be taken to reduce the financial burden of loneliness
- (g) the identification of existing initiatives by government and non-government organisations to mitigate and reduce loneliness and social isolation
- (h) developments in other jurisdictions regarding the implementation of policies and initiatives relevant to the treatment of loneliness as a public health issue
- (i) steps the State Government can take to reduce the prevalence and impacts of loneliness in the community
- (j) steps that community, technology/social media companies, organisations, and individuals can take to reduce impact of loneliness on individuals and the community; and
- (k) any other related matters.

The terms of reference were referred to the committee by the Hon Rose Jackson MLC, Minister for Water, Housing, Mental Health, Youth, Homelessness and Minister for the North Coast on 10 July 2024, and adopted by the committee on 6 August 2024.

Committee details

Committee members

Hon Dr Sarah Kaine MLC	Australian Labor Party	<i>Chair</i>
Hon Natasha Maclaren Jones MLC*	Liberal Party	<i>Deputy Chair</i>
Hon Scott Barrett MLC*	The Nationals	
Hon Dr Amanda Cohn MLC	The Greens	
Hon Anthony D'Adam MLC	Australian Labor Party	
Hon Taylor Martin MLC*	Independent	
Hon Bob Nanva MLC	Australian Labor Party	
Hon Emily Suvaal MLC	Australian Labor Party	

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- * The Hon Natasha Maclaren-Jones MLC substituted for the Hon Rachel Merton MLC from 14 August 2024 for the duration of the inquiry.
- * The Hon Taylor Martin MLC replaced the Hon Jeremy Buckingham MLC as a substantive member of the committee from 24 September 2024.¹
- * The Hon Scott Barrett MLC substituted for the Hon Sarah Mitchell MLC from 26 September 2024 for the duration of the inquiry.

Secretariat

Teneale Houghton, Principal Council Officer
Alice Wood, Principal/Senior Council Officer
Reeti Pandharipande, Administration Officer
Merrin Thompson, Director

¹ *Minutes*, NSW Legislative Council, 24 September 2024, p 1550.

Chair's foreword

I am proud to present the Standing Committee on Social Issues' report into the prevalence, causes and impacts of loneliness in New South Wales. This important inquiry was referred to us by the Minister for Mental Health, the Hon Rose Jackson MLC. Throughout the inquiry, we heard from a wide array of experts and people with lived experience across the state.

From the outset it was clear to us that loneliness is a deeply complex and widespread social issue that requires a comprehensive and multilayered response. Loneliness is a normal part of the human condition – we are meant to feel lonely every now and then, just as we are meant to feel hungry and thirsty. It is a signal that our social needs are not being met and a cue for us to seek out social connections. Loneliness is only problematic if it becomes persistent or particularly severe. Unfortunately, as demonstrated in the evidence before the committee, many people in New South Wales are experiencing loneliness for ongoing periods, with significant impacts on their physical and mental health, social behaviour, and educational and employment outcomes. In a compassionate society, these impacts alone justify concerted action by government and others to address loneliness.

The committee was especially concerned by the barriers to social connectedness experienced in socioeconomically disadvantaged communities. For me a key aspect that stood out amidst the research and testimonies was the intersection of loneliness and the built environment. Relatedly, economic security and the proximity to quality green space and other public amenities were emphasised as important protective factors against loneliness. We heard compelling evidence about the importance of avoiding the creation of 'lonelygenic' environments through planning. This has significant policy implications, particularly for the residents of Western Sydney who do not have the same access to public transport, green space and sporting facilities as other areas. This is vitally important so that the risk of loneliness and social isolation is not exacerbated by postcode.

We were also struck by the particular challenges that people face in regional, rural and remote areas. We recognise that intersecting risk factors, discrimination and marginalisation may have compounding effects on loneliness, particularly in cases where systemic inequities prevent full participation in society.

The committee learned that the key to addressing loneliness is to build meaningful connections and a sense of belonging and purpose. We also learned that everyone has a role to play. Addressing loneliness requires the collective effort of government, the health sector, the private sector, the workplace, researchers, community groups, and individuals across every community.

With this in mind, we have recommended that the government embrace a multilayered, whole of society framework, in which loneliness is addressed at the individual, community and population levels, with the full range of actors all playing their part. In doing so, we also recommend that this framework target the New South Wales population as a whole as well as groups and individuals most at risk.

Under the umbrella of a whole of society framework, the NSW Government has a critically important leadership and coordination role to play. The committee recommends that it implement a five year whole of government strategy, led by the Premier's Department. In addition to these two substantive recommendations, we have made a further eighteen recommendations to inform this comprehensive and multilayered response.

I would like to express my immense appreciation to all inquiry participants for sharing their invaluable insights, which have informed the findings and recommendations set out in this report. I also thank my

committee colleagues for their thoughtful and collaborative approach and the secretariat for their professional support. I commend this report to the House.

A handwritten signature in black ink, reading "Sarah Kaine". The signature is written in a cursive style with a dot above the 'i' in Kaine.

Hon Dr Sarah Kaine MLC
Committee Chair

Findings

- Finding 1** 47
That socioeconomic disadvantage and perceived financial hardship are proving a barrier to social connectedness and as such are strongly linked to ongoing and extended periods of loneliness and isolation at rates almost seven times higher than other variables.
- Finding 2** 47
That intersecting risk factors, discrimination and marginalisation may have compounding effects on loneliness, particularly in cases where systemic inequities prevent full participation in society.
- Finding 3** 58
That loneliness is associated with a range of health concerns, both physical and mental, as well as impacts on social behaviour and educational and work outcomes. In a compassionate society, these impacts alone justify concerted action by government and others to address loneliness.
- Finding 4** 71
That loneliness is a significant social issue requiring a comprehensive 'whole of society' response across government, the health sector, the private sector, the workplace, researchers, community groups, and individuals across every community.
- Finding 5** 72
That simply providing opportunity for contact with others is not in itself sufficient to tackle loneliness. Activities to build social connection need to facilitate connections that make participants feel valued, supported and connected.
- Finding 6** 72
That there are protective factors that may mitigate the experience of loneliness including a sense of belonging and purpose, feeling valued, social connections, community participation, good physical and mental health, accessibility and inclusion, and awareness and understanding of loneliness itself.
- Finding 7** 72
That neighbourhood centres and volunteering programs, as well as participation with local sporting and social clubs, provide opportunities to build quality social connections, a sense of belonging and purpose and community participation, that may mitigate the experience of loneliness.
- Finding 8** 120
That strategies to enable the development and maintenance of social connection must take into consideration urban design, green spaces and third spaces such as community centres and libraries.

Recommendations

- Recommendation 1** 73
That the NSW Government embrace a comprehensive, whole of society framework in which loneliness is addressed on an individual, community and population level, with the full range of actors all playing their part in addressing loneliness, including state and local government, health and community professionals, the community and private sectors, local communities, researchers and individuals. The framework should target the population as a whole as well as groups and individuals that are most at risk.
- Recommendation 2** 94
That the NSW Government support further research to better understand the underlying cognitive mechanisms that cause and maintain loneliness in order to inform the development of evidence based individual level interventions.
- Recommendation 3** 95
That the NSW Government, in consultation with the healthcare sector and community organisations, further investigate social prescribing as a possible strategy for assisting those experiencing loneliness with pathways to social connection.
- Recommendation 4** 95
That the NSW Government extend The Welcome Experience program to other local government areas to support essential workers settle into regional, rural and remote communities.
- Recommendation 5** 96
That the NSW Government recognise peer support, including mentoring, as a key strategy for addressing loneliness at the individual level and identify opportunities to expand availability in local communities and online platforms, prioritising programs that support at risk groups.
- Recommendation 6** 119
That the NSW Government fund new and existing neighbourhood and community centres to build their capacity to address loneliness locally through separate core funding, in addition to program funding.
- Recommendation 7** 120
That the NSW Government review and enhance funding arrangements for small community and grassroots organisations including by simplifying grant processes and improving eligibility requirements for small grants.
- Recommendation 8** 120
That the NSW Government explore opportunities to reduce financial barriers and support greater participation in local sporting and social organisations.
- Recommendation 9** 120
That the NSW Government, in partnership with local government, prioritise the development of and equitable access to third spaces and green spaces that are well connected to public and active transport across metropolitan, regional, rural and remote communities.

- Recommendation 10** 121
That the NSW Government enhance its support for youth hubs by establishing new youth hubs in New South Wales and provide further investment to existing youth hubs, in recognition of key challenges experienced by young people and the lifelong benefits that will follow.
- Recommendation 11** 121
That the NSW Government acknowledge the importance of transport infrastructure in regional, rural and remote communities, as a means of enabling practical and meaningful connections.
- Recommendation 12** 121
That the NSW Government consider alternative transport options where public transport is not available or accessible, particularly in regional, rural and remote areas of New South Wales.
- Recommendation 13** 122
That the NSW Government consider changes to the *Local Government Act 1993* to require local governments to explicitly plan for and report on actions to combat loneliness and encourage meaningful connections.
- Recommendation 14** 122
That the NSW Government ensure that, as part of its response to the housing crisis, social connections are a key consideration, through the provision and equitable distribution of third spaces, green spaces, public and active transport and other social infrastructure. In doing so, it should consider ways to leverage private sector investment in fostering community connections as well as how to maximise the community use of existing assets.
- Recommendation 15** 123
That the NSW Government, through the Department of Local Government and other means, ensure that place based strategies to address loneliness actively target disadvantaged communities.
- Recommendation 16** 143
That the NSW Government develop a community awareness campaign to destigmatise loneliness, normalise conversations about loneliness, enhance community participation, and support and encourage individuals to seek out meaningful connections, not only by reaching out, but also by reaching in.
- Recommendation 17** 143
That the NSW Government develop a workforce development strategy to build the capacity of health and community professionals, to identify people at risk of loneliness and connect them with appropriate supports in consultation with the sector.
- Recommendation 18** 143
That the NSW Government consider opportunities to consolidate an online directory identifying all existing services that address loneliness and social isolation.
- Recommendation 19** 154
That the NSW Government implement a five year whole of government strategy to address loneliness and build meaningful connections, led by the Premier's Department, that seeks to:
- elevate loneliness and meaningful social connections as a policy priority across all departments and agencies
 - secure commitment to action across the public, not for profit and private sectors

- strengthen the evidence base
- deepen the community's awareness to destigmatise loneliness, strengthen interpersonal microskills, and encourage people to give and seek support
- enhance workforce capacity to identify and respond to loneliness
- empower community-led initiatives
- build connected communities
- improve critical infrastructure, including transport and digital infrastructure
- establish state-level targets alongside a governance and accountability framework.

Recommendation 20**155**

That as a key component of its five year whole of government strategy to address loneliness in New South Wales, the NSW Government, in collaboration with key organisations and researchers, commit to improving the evidence base by:

- establishing a robust data framework with standardised data measures
- supporting robust research to better understand the causes and impacts of loneliness, paying particular attention to at risk cohorts
- implementing rigorous evaluation of interventions to ensure effectiveness.

Conduct of inquiry

The terms of reference for the inquiry were referred to the committee by the Hon Rose Jackson MLC, Minister for Water, Housing, Mental Health, Youth, Homelessness and Minister for the North Coast on 10 July 2024, and adopted by the committee on 6 August 2024.

The committee received 146 submissions and three supplementary submissions.

The committee also received 86 responses to an online questionnaire.

The committee held four public hearings: three at Parliament House in Sydney and one in Orange. The committee also held two public roundtable discussions as part of the hearing at Orange.

Inquiry related documents are available on the committee's website, including submissions, summary report of online questionnaire, hearing transcripts, tabled documents, answers to questions on notice and answers to supplementary questions.

Chapter 1 Background

This chapter sets the scene for the inquiry report by providing a comprehensive overview of loneliness. It starts by considering what loneliness is – defining loneliness itself as well as the related concepts of social isolation and social connection, addressing the relationship between loneliness and mental health, and explaining how loneliness differs from other widely used, related terms. The chapter then notes different types of loneliness, before documenting a range of data on the prevalence of both loneliness and social isolation in Australia, in New South Wales, and in respect of a range of groups identified as at particular risk of loneliness. The chapter concludes by addressing how loneliness is being addressed in other jurisdictions such as Queensland, the Australian Capital Territory, the United Kingdom, Japan United States and Denmark.

What is loneliness?

- 1.1 The prevalence of loneliness has become a growing concern globally, with increasing efforts in recent years both internationally and in Australia, to mitigate what is widely perceived to be the rising prevalence of loneliness and social isolation.² Evidence suggests that loneliness impacts one in three Australians,³ with broader healthcare costs estimated at \$2.7 billion per annum.⁴ In 2022, a Community Wellbeing Survey conducted by the Mental Health Commission of NSW found that nearly 40 per cent of New South Wales residents experience loneliness at varying degrees.⁵
- 1.2 This inquiry provided an opportunity to start a broad, open-ended conversation with peak bodies, academics, organisations, government representatives and individuals with lived experience, to obtain a deeper understanding of loneliness and strategies that can be implemented to reduce the prevalence and impacts of loneliness.

Definition of loneliness

- 1.3 Stakeholders throughout this inquiry, including the NSW Government, frequently cited Perlman and Peplau's definition of loneliness, which refers to a subjective, negative feeling associated with a perceived gap between a person's current social relationships and their desired social relationships:

Loneliness is a subjective, unwelcome feeling of lack or loss of companionship. This occurs when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.⁶

² Submission 125, NSW Government, p 6.

³ Submission 55, Ending Loneliness Together, p 5.

⁴ Bankwest Curtin Economics Centre, *Stronger Together: Loneliness and social connectedness in Australia*, November 2021, p 13; Submission 125, NSW Government, p 16.

⁵ Submission 69, Mental Health Commission of NSW, p 2.

⁶ Submission 125, NSW Government, p 5; D Perlman and L Peplau, 'Toward a social psychology of loneliness', *Personal relationships*, 1981, pp 31-43.

- 1.4 Loneliness is not the same as being alone.⁷ An individual can spend time alone and not feel lonely or isolated from others; equally, an individual can be surrounded by familiar people, but still feel lonely.⁸ Loneliness is a subjective experience, so if someone feels lonely, they are likely to be lonely.⁹ Due to its subjective nature, loneliness can be challenging to address, as the needs and circumstances of each individual are likely to vary. This can also make it difficult to measure.¹⁰

Distinguishing loneliness, social isolation and social connection

- 1.5 The terms 'loneliness', 'social isolation' and 'social connection' were used frequently by stakeholders throughout the course of the inquiry. The three terms can be summarised as follows:
- **loneliness:** a subjective, negative feeling due to social isolation
 - **social isolation:** an objective state, characterised by limited interactions with others, or few social relationships
 - **social connection:** a subjective feeling due to connecting to others.¹¹
- 1.6 Loneliness is often associated with social isolation, but it is important to understand that they are distinct, though related concepts. They may, but do not necessarily coexist.¹²
- 1.7 Whereas loneliness is subjective in nature, social isolation is an objective state, pertaining to limited interactions with others. Social isolation can be objectively measured and refers to infrequent social contact and few social relationships, essentially a lack of strong social connectedness.¹³
- 1.8 Correspondingly, how we would address loneliness differs from how we would address social isolation. The former focuses on improving the quality of social interactions, while the latter is focused on simply providing social opportunities.¹⁴
- 1.9 Social connection is the state of connection or feeling to others and can be viewed as the opposite of loneliness.¹⁵

⁷ Submission 69, Mental Health Commission of NSW, p 9.

⁸ Submission 69, Mental Health Commission of NSW, p 9.

⁹ Submission 129, Business Council of Australia, p 4.

¹⁰ Submission 129, Business Council of Australia, p 24.

¹¹ Submission 125, NSW Government, pp 2-3; Submission 69, Mental Health Commission of NSW, p 7.

¹² Submission 129, Business Council of Australia, p 4.

¹³ Submission 125, NSW Government, p 5.

¹⁴ Evidence, Professor Michelle Lim, CEO, Ending Loneliness Together and Associate Professor, Prevention Research Collaboration, University of Sydney, 15 November 2024, p 3.

¹⁵ Submission 129, Business Council of Australia, p 28.

The nexus between loneliness and mental health

- 1.10** Loneliness is associated with a range of mental health issues. While loneliness can be the cause of these issues, the reverse may also be true. A two-way relationship between mental health conditions and loneliness can exist; therefore loneliness should not be viewed as an isolated mental health condition.¹⁶
- 1.11** Loneliness can impact an individual's mental health in two specific ways:
- mental health problems such as social anxiety can cause loneliness by making it harder to connect with others
 - extended periods of loneliness can develop into depression and other mental health conditions, such as stress, anxiety and sleep problems.¹⁷
- 1.12** The Mental Health Commission's annual Community Wellbeing Survey has explored the issue of loneliness, noting trends and priority population groups over time.¹⁸ The 2022 Community Wellbeing Survey revealed that:
- nearly 40 percent of New South Wales residents experience loneliness to varying degrees, with those facing mental health challenges almost twice as likely to feel isolated
 - one in six respondents disclosed encountering new mental health issues, primarily anxiety, since the onset of the 2019 COVID pandemic
 - individuals with self-reported mental health issues and those in the 18-29 age group reported higher frequencies of loneliness.¹⁹
- 1.13** The 2022 Community Wellbeing Survey also revealed that there is a correlation between higher rates of loneliness and those who experience greater psychological distress, poorer mental health and thoughts of ending one's life. These correlations suggest a potential relationship between these factors but do not necessarily indicate that loneliness would be the cause or result of the other factors (psychological distress, poor mental health etc) and could go in either direction.²⁰
- 1.14** Mental health conditions are discussed as a risk factor for loneliness in chapter 2, while the impact of loneliness on mental health is discussed in chapter 3.

Other notable terms

- 1.15** In addition to loneliness, social isolation and social connection, there are other notable terms that arise frequently within literature relating to loneliness, such as 'social exclusion', 'social cohesion' and 'social infrastructure'. These terms can be defined as follows:

¹⁶ Submission 125, NSW Government, p 8.

¹⁷ Submission 129, Business Council of Australia, p 5, quoting Australian Institute of Health and Welfare, *Social isolation and loneliness; Lifeline Support Toolkit*, 2024.

¹⁸ Submission 69, Mental Health Commission of NSW, p 2.

¹⁹ Submission 69, Mental Health Commission of NSW, pp 2 and 7.

²⁰ Submission 69, Mental Health Commission of NSW, p 10.

- **social exclusion:** the restriction of access to opportunities in society and the limitation of the capabilities required to capitalise on these opportunities
- **social cohesion:** a social determinant of wellbeing, social cohesion reflects the extent to which societies are harmonious and socially connected²¹
- **social determinants of health:** the conditions or circumstances in which people are born, grow up, live, work and age that influence their health, and the systems put in place to deal with illness²²
- **social infrastructure:** physical structures and facilities such as parks, libraries and playgrounds, and community halls and sporting infrastructure, that support connection, social wellbeing, and community development.²³

Types of loneliness

1.16 Feelings of loneliness can affect anyone at any time in their life and may impact various aspects of an individual's life, including mental and physical health, productivity and social behaviour.²⁴ Loneliness is not a binary concept; individuals may experience different intensities or levels of loneliness throughout their lifetime. There are also different types of loneliness,²⁵ which can be summarised as follows:

- **emotional loneliness:** emotional disconnection from others and the absence of meaningful relationships²⁶
- **social loneliness:** a perceived deficit in the quality of social connections
- **existential loneliness:** a feeling of fundamental separateness from others and the wider world
- **situational loneliness:** a feeling of loneliness that only occurs at certain times
- **transient loneliness:** a feeling of loneliness that comes and goes.²⁷

Persistent versus transient loneliness

1.17 Most people experience loneliness at some point in their lives, which typically resolves within a short period. If transient or episodic loneliness lasts for an extended period of time, it can turn into 'persistent' or 'chronic' loneliness. There is currently no consensus on how long someone's loneliness should last before it is considered chronic and, if a person who is experiencing chronic

²¹ Submission 125, NSW Government, p 3.

²² Submission 125, NSW Government, p 3; World Health Organisation, Social determinants of health, https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

²³ Submission 129, Business Council of Australia, p 13.

²⁴ Submission 125, NSW Government, p 5.

²⁵ Submission 125, NSW Government, p 5.

²⁶ Submission 69, Mental Health Commission of NSW, p 6; Submission 129, Business Council of Australia, p 24.

²⁷ Submission 129, Business Council of Australia, p 24.

loneliness has periods without loneliness, how long those periods can be.²⁸ Ending Loneliness Together defines persistent loneliness as lasting for at least 8 weeks, up to 12 weeks.²⁹

- 1.18** According to the Mental Health Commission of New South Wales, compared to transient loneliness, chronic loneliness is more deeply rooted, often where long-term cognitive and behavioural patterns have been established. Individuals who experience chronic loneliness often display traits such as higher anxiety, lower self-esteem, introversion, and low emotional stability. These characteristics, along with cognitive tendencies like self-defeating thinking and poor social skills, contribute to maintaining their prolonged state of loneliness. Potential factors which contribute to the development of transient loneliness into chronic loneliness include incarceration, stigma and mental health conditions.³⁰
- 1.19** During the inquiry, participants sometimes used the words chronic and persistent interchangeably. The committee has tended to use persistent, especially in this chapter, where the data on prevalence provided by Ending Loneliness Together was gathered via a research instrument in which persistent loneliness is carefully defined, as noted above.³¹

Severity

- 1.20** Loneliness can also be distinguished in terms of severity, whether in everyday or research based terms. Ending Loneliness Together distinguished between moderate and severe loneliness, with the former referring to people scoring higher than 10 on a psychometrically validated University of California Loneliness Scale – 4, and severe loneliness referring to people scoring equal and higher than 12.³²

Prevalence

- 1.21** Most data measuring loneliness and social isolation comes from broad population datasets and surveys like the Household, Income and Labour Dynamics in Australia (HILDA) Survey and the NSW Life Satisfaction Survey. These are complemented by other ad hoc reports and surveys by policy institute, advocacy organisations, universities and consultancies including Ending Loneliness Together and the Prevention Research Collaboration Unit, Sydney School of Public Health, the University of Sydney's 2023 *State of the Nation Report* and *Why We Feel Lonely* publication, the Mental Health Commission of NSW's *Community Wellbeing Survey* and Relationships Australia's *Relationship Indicators 2022 Report*.³³

²⁸ Submission 69, Mental Health Commission of NSW, p 12.

²⁹ Ending Loneliness Together, *Why we feel lonely: A Longitudinal study from the State of the Nation Report 2023*, p 10, <https://lonelinessawarenessweek.com.au/wp-content/uploads/2024/08/why-we-feel-lonely.pdf>; Submission 55, Ending Loneliness Together, p 7.

³⁰ Submission 69, Mental Health Commission of NSW, p 12.

³¹ Submission 55, Ending Loneliness Together, p 7.

³² Ending Loneliness Together, *Why we feel lonely: A Longitudinal study from the State of the Nation Report 2023*, p 13.

³³ Submission 125, NSW Government, pp 9-10.

Loneliness and social isolation in Australia

- 1.22** According to the Australian Institute of Health and Welfare's (AIHW's) analysis of HILDA data, 16 per cent of Australians reported experiencing loneliness in 2022, the same as was reported in 2001 (16 per cent). Across age groups, levels ranged from 16 per cent of people aged 15-24 years, 25-34 years and 45-54 years, and 65 years and over, and 18 per cent of persons aged 35-44 years. There were slight differences between males (17 per cent) and females (15 per cent).³⁴
- 1.23** In terms of social isolation, the HILDA data indicated that in 2022, 15 per cent of Australians (18 of males and 12 per cent of females) were experiencing social isolation. Rates were much more varied by age, with social isolation highest among persons aged 15-24 years, compared with 15 per cent of persons aged 25-34 years, 17 per cent of persons aged 35-44 years, 14 per cent of people aged 45 to 54 and 55 to 64, and 11 per cent of persons aged 65 and over.³⁵
- 1.24** Different figures were presented in the State of the Nation Report which found that in 2023, almost one in three Australians reported feeling lonely at any given time (32 per cent) while more than one in six Australians reported experiencing severe loneliness (17.5 per cent), and 15 per cent reported feeling often or always lonely.³⁶ Men and women reported similar levels of loneliness, but rates were slightly higher for women (32 per cent) in comparison to men (31 per cent).³⁷

Persistent loneliness

- 1.25** Ending Loneliness Together found that in 2023 more than 1 in 4 Australians (26.1 per cent) experienced persistent loneliness.³⁸ Men and women reported similar rates of persistent loneliness, with women slightly higher at 27.4 percent and men at 24.9 per cent.³⁹

Other data

- 1.26** Relationships Australia's Relationships Indicators research found that in 2024, 24 per cent of Australians agreed or strongly agreed that they feel lonely.⁴⁰ One in five people (19.9 per cent)

³⁴ Australian Institute of Health and Welfare, *Social isolation and loneliness*, (20 May 2025) <https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness>; Submission 125, NSW Government, p 10.

³⁵ Australian Institute of Health and Welfare, *Social isolation and loneliness*, (20 May 2025) <https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness>; Submission 125, NSW Government, p 10.

³⁶ Submission 55, Ending Loneliness Together, p 5; Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*, p 16.

³⁷ Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*, p 18.

³⁸ Ending Loneliness Together, *Why we feel lonely: A Longitudinal study from the State of the Nation Report 2023*, p 17; See also: Evidence, Professor Lim, 15 November 2024, p 3; Submission 55, Ending Loneliness Together, p 7.

³⁹ Ending Loneliness Together, *Why we feel lonely: A Longitudinal study from the State of the Nation Report 2023*, p 34.

⁴⁰ Submission 72, Relationships Australia NSW, p 4.

reported often feeling lonely, and 28 per cent were found to be experiencing 'social loneliness' (based on three indirect measures).⁴¹

Loneliness and social isolation in New South Wales

- 1.27** On a state level, data collected in March 2024 by the NSW Government in its NSW Life Satisfaction Survey, 15 per cent of respondents strongly agreed that they often felt lonely, while 32 per cent of respondents agreed that they 'had no one to lean on in times of trouble'.⁴²
- 1.28** New South Wales does not appear to experience different rates of loneliness and social isolation than other states. Ending Loneliness Together reported that in 2023 an estimated 29 per cent of people living in New South Wales report loneliness at any given time, with no significant differences in loneliness across states.⁴³ In addition, 24.5 per cent of New South Wales respondents met the criteria for persistent loneliness,⁴⁴ while 14 per cent met the criteria for persistent social isolation. In terms of social isolation risk, again there were no differences across states, with 45 per cent of New South Wales respondents found as having reported social isolation risk.⁴⁵
- 1.29** Higher figures were reported by the Mental Health Commission in reference to its Community Wellbeing Survey. This survey found that in 2022, nearly 40 per cent of NSW residents 'experienced loneliness at varying degrees, with those facing mental health challenges almost twice as likely to feel isolated'.⁴⁶

Impact of the COVID-19 pandemic

- 1.30** There is widespread acceptance that rates of loneliness were exacerbated by the COVID-19 pandemic.⁴⁷ According to the NSW Government submission, whilst rates of loneliness were already rising around the world, the onset of the pandemic saw rates of loneliness and social isolation increase significantly.⁴⁸
- 1.31** The Connections Matter report noted that between 2010 and 2016, rates of loneliness in Australia remained relatively stable at around 17 per cent, increasing to approximately 25 per cent in 2019. In April 2020, during the national lockdown, 46 per cent of respondents to the

⁴¹ Relationships Australia, *Relationship Indicators - 2022 Full Report*, (2022), pp 20-21, <https://www.relationships.org.au/wp-content/uploads/Relationship-Indicators-Full-Report.pdf>.

⁴² Submission 125, NSW Government, p 10.

⁴³ Submission 55, Ending Loneliness Together, p 6.

⁴⁴ Submission 55, Ending Loneliness Together, p 8.

⁴⁵ Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*, p 19.

⁴⁶ Submission 69, Mental Health Commission of NSW, p 2.

⁴⁷ See for example, Submission 22, Australian College of Nurse Practitioners, p 6; Submission 30, Cr Sylvie Ellsmore p 8; Submission 42, Pharmacy Addressing Social-isolation (PALS), p 5; Submission 72, Relationships Australia, p 14; Submission 125, NSW Government, pp 13-14; Submission 129, Business Council of Australia, pp 10-11.

⁴⁸ Submission 125, NSW Government, p 13.

COVID-19 Impact Monitoring Survey reported feeling lonely at least some of the time in the past week.⁴⁹

1.32 Nevertheless, AIHW analysis of HILDA data indicated no substantial change in levels of loneliness across all age groups between 2019 and 2022, with 16 per cent of Australians reporting loneliness in 2019, 15 per cent in 2020, 17 per cent in 2021, returning to 16 per cent of Australians in 2022. The AIHW noted however that 'Loneliness and social isolation were concerns before the onset of the COVID-19 pandemic but have been exacerbated in the subsequent years'.⁵⁰

1.33 The Melbourne Institute of Applied Economic and Social Research analysis of HILDA data published in 2024 highlighted the disproportionate impact of the COVID restrictions on young people:

During the pandemic years of 2020 and 2021, restriction of people's movement, an increase in working from home and changes to remote learning reduced personal contacts outside the household. In this context, ... the pandemic period was accompanied by a rise in loneliness ... among young people aged 15 to 24. Although the share of lonely individuals in this age group had been rising for over a decade—from its lowest point of 14.4% in 2008 to 20.2% in 2019, the pandemic period saw an acceleration in this trend, as the prevalence of loneliness increased to 26.6% in 2020. Since then, it has remained at elevated levels, at 25% in 2021 and 24.9% in 2022. None of the other age groups saw a similar increase in loneliness prevalence during the pandemic.⁵¹

1.34 Further information on young people's experience as a higher risk group for loneliness is documented later in this chapter.

Cohorts 'most at risk'

1.35 Throughout this inquiry, stakeholders identified various groups who they believe are 'most at risk' of serious or persistent loneliness. Notable cohorts include:

- people experiencing financial hardship
- young people
- older people
- people from rural and remote communities
- First Nations people

⁴⁹ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 8. See also: Submission 125, NSW Government, p 13.

⁵⁰ Australian Institute of Health and Welfare, *Australia's Welfare 2023: data insights*, (2023), p 26, <https://www.aihw.gov.au/getmedia/d86bae1e-ddc8-45b6-bb85-6e85380d041f/aihw-aus-246.pdf>.

⁵¹ Roger Wilkins, Ferdi Botha, Inga Laß and Kyle Peyton, *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 22, 19th Annual Statistical Report of the HILDA Survey*, Melbourne Institute of Applied Economic and Social Research, The University of Melbourne, 2024, p 29.

- culturally and linguistically diverse people
- people with disability
- people with chronic health conditions and/or poor mental health
- carers
- people who are single, separated, divorced or widowed
- victim-survivors of domestic and family violence
- LGBTQIA+ people.

1.36 It should be noted that throughout the inquiry the committee heard differing and sometimes contradictory evidence regarding which cohorts are 'most at risk'. Inquiry participants noted that these differences may be due to how and when the sample was collected, and how loneliness was measured.⁵² For example whether respondents are asked to self-report loneliness, or their loneliness is objectively determined using a scale. Reflecting on the different evidence regarding at risk cohorts, Professor Viviana Wuthrich, Director, Lifespan Health and Wellbeing Research Centre, Macquarie University, stated:

I think you're being told different things because that's what the literature tells us. Different studies do find different things, and I guess it depends for each group on what's going on for that particular group at the time. ... In studies prior to the pandemic, we didn't see such a strong effect with young people. That has now become more prevalent since the pandemic. So I think there's a difference in who studies what, when they've studied it, what cohort, what time.⁵³

1.37 A number of participants referred to data from the HILDA study that includes a self-completed questionnaire containing a question asking about various aspects of the support that participants receive from other people. One item in the question asks respondents about the extent of their agreement with the following statement: 'I often feel very lonely'. Response options range from 1 (strongly disagree) to 7 (strongly agree), with a higher score implying higher levels of loneliness.⁵⁴

1.38 Data on the prevalence of loneliness among these cohorts, as presented to the committee, is summarised below. As noted by Relationships Australia, understanding the unique challenges faced by each high-risk group is critical for targeted interventions. "These groups often face compounded loneliness due to intersecting forms of discrimination and marginalisation.

⁵² See for example: Evidence, Dr Rosanne Freak-Poli, Senior Research Fellow, Monash University, 15 November 2024, p 44; Evidence, Professor Viviana Wuthrich, Director, Lifespan Health and Wellbeing Research Centre, Macquarie University, 15 November 2024, p 43.

⁵³ Evidence, Professor Wuthrich, 15 November 2024, p 43.

⁵⁴ Roger Wilkins, Ferdi Botha, Inga Laß and Kyle Peyton, The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 22, *19th Annual Statistical Report of the HILDA Survey*, Melbourne Institute of Applied Economic and Social Research, The University of Melbourne, 2024, p 28; Melbourne Institute of Applied Economic and Social Research, HILDA Survey Wave 24, Self Completion Questionnaire, 2024, p 9, https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0012/4998207/SelfCompletionQuestionnaireW24M.pdf.

Systemic inequalities prevent them from fully participating in Australian social, cultural, and economic life, leaving them isolated and at heightened risk of loneliness'.⁵⁵

- 1.39** The way that risk factors affect groups' and individuals' likelihood of experiencing persistent loneliness is explored in the following chapter.

People experiencing financial hardship

- 1.40** The strong relationship between economic circumstances and loneliness is well established in the international research.
- 1.41** The State of the Nation Report also documented high rates of loneliness amongst Australians from lower-socioeconomic backgrounds, highlighting that individuals who reported financial hardship were almost seven times more likely, compared to those who did not report financial hardship, to report persistent loneliness, even after accounting for age, gender and health problems.⁵⁶
- 1.42** Taking place of residence as a proxy for socioeconomic status, 39 per cent of people living in the most disadvantaged neighbourhoods are lonely compared with 28 per cent of people living in the least disadvantaged neighbourhoods.⁵⁷
- 1.43** The 2024 NSW Life Satisfaction Survey data also demonstrated high rates of loneliness amongst 'people with poorly met financial needs', who were found to be 2.8 times more likely to be lonely, and that 39 per cent of people from disadvantaged neighbourhoods experienced loneliness.⁵⁸

Young people

- 1.44** As noted above, young people were disproportionately affected by loneliness during COVID and in the years following than other age groups. Multiple reports and surveys, including analysis of the HILDA Survey, demonstrate that young people are experiencing loneliness at higher rates than other age groups.⁵⁹
- 1.45** According to Ending Loneliness Together, young people aged 18-24 years are 2.4 times more likely than people aged 35-44 years to experience persistent loneliness. However, they are no more likely to experience persistent social isolation.⁶⁰ Its breakdown of persistent loneliness across all age groups is set out in Figure 1 below, with young people reporting the highest prevalence of persistent loneliness (41.1 per cent).

⁵⁵ Submission 72, Relationships Australia, p 8.

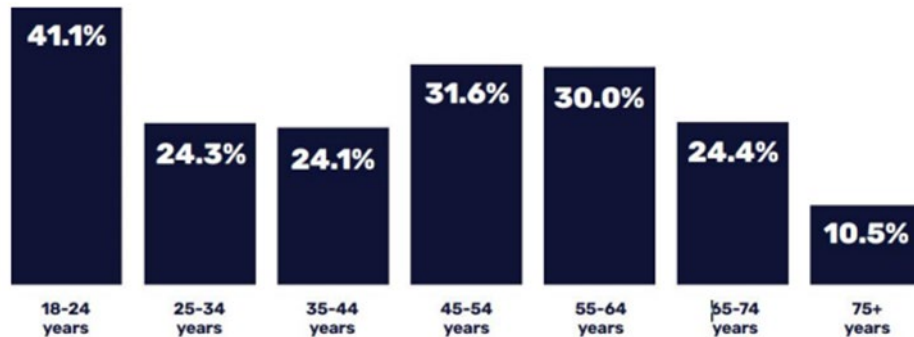
⁵⁶ Evidence, Professor Lim, 15 November 2024, p 6.

⁵⁷ Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*, p 18.

⁵⁸ Submission 125, NSW Government, p 11.

⁵⁹ Submission 125, NSW Government, p 10.

⁶⁰ Ending Loneliness Together, *Why we feel lonely: A Longitudinal study from the State of the Nation Report 2023*, p 33; Submission 55, Ending Loneliness Together, p 8.

Figure 1 Prevalence of persistent loneliness across all age groups

Source: Submission 55, *Ending Loneliness Together*, p 7.

- 1.46** Mission Australia's 2023 Youth Survey found that more than one in five young people aged 15-19 years living in New South Wales reported feeling lonely most or all of the time in the past four weeks.⁶¹ It further found that almost a third of New South Wales respondents said that 'they find it hard to fit in and socialise with everyone else'.⁶²
- 1.47** The Bankwest Curtin Economic Centre's *Stronger Together* report linked loneliness to social connectedness among young people:

The report highlights the social vulnerabilities associated from transitioning from childhood to adulthood. Looking at social connectedness over the life course, we find that social connectedness drops significantly for young men and women between ages 15 and 24 with the greatest decline for young men at 6%. The decline is predominantly linked to a reduction in social interactions. The proportion of young men having many friends falls from two thirds at age 15-17 to around half at age 18-24. For women, the proportion of those who have many friends goes down from 59% to 45% between the two age groups. Our analysis also highlights the significance of friendships for the wellbeing of young people aged 15-24, showing that having many friends reduces the likelihood of reporting loneliness by nearly 40 points.⁶³

Older people

- 1.48** Data cited by the Council on the Ageing (COTA) NSW from its report *Voices of Solitude: Loneliness and Social Isolation Among Older Adults in NSW*, based on a survey completed by 2,245 people aged 50 and over, indicated that 60 per cent of older adults (aged 50 and over) experience loneliness, 50 per cent of older adults (aged 50 and over) are socially isolated, and 25 per cent of older adults (aged 50 and over) experience extreme levels of loneliness.⁶⁴

⁶¹ Submission 47, Orygen, p 2.

⁶² Submission 47, Orygen, p 2.

⁶³ Bankwest Curtin Economics Centre, *Stronger Together: Loneliness and social connectedness in Australia*, November 2021, p 10.

⁶⁴ Submission 87, Council on the Ageing NSW, p 1.

- 1.49 At the same time, data from the HILDA Survey shows that the rates of loneliness amongst people aged 65 and over have declined since 2001.⁶⁵ As shown in Figure 1 above, Ending Loneliness Together's data indicate that 24.4 per cent of people aged 65 to 74 and 10.5 per cent of people aged 75 and over experience persistent loneliness.⁶⁶ This is consistent with findings from the NSW Life Satisfaction Survey showing that older people and those who are retired experience lower rates of loneliness than the general population.⁶⁷

People from rural and remote communities

- 1.50 The State of the Nation Report found that 35 per cent of people living in rural communities experienced loneliness, compared to 30 per cent of people living in metropolitan areas.⁶⁸ Ending Loneliness Together finds that while 25.6 per cent of people in major cities and 25.9 per cent of people in inner regional areas experienced persistent loneliness, 32.6 per cent of people in outer regional and remote communities experienced persistent loneliness.⁶⁹
- 1.51 At the same time, data obtained through the Life Satisfaction Survey found that people living in regional New South Wales experience the same rate of loneliness as the NSW average of 41 per cent.⁷⁰ Further to this, data obtained from a survey conducted with New South Wales public school students found that 'a smaller proportion of students from regional and remote locations report positive sense of belonging or friendships at school, compared to their counterparts'.⁷¹

Aboriginal and Torres Strait Islander people

- 1.52 As noted elsewhere in this report, the experiences of loneliness amongst First Nations peoples 'cannot be separated from experiences of social connection, support and belonging within collective social structures and systems'.⁷²
- 1.53 Bankwest Curtin Economic Centre's *Stronger Together: Loneliness and social connectedness in Australia* report.⁷³ This national report found that 'Indigenous people score lower across all dimensions of social capital and connectedness, with an overall index score 39 per cent lower than non-Indigenous Australians – the lowest index score of any disadvantaged cohort'.⁷⁴

⁶⁵ Submission 125, NSW Government, p 11.

⁶⁶ Submission 55, Ending Loneliness Together, p 7.

⁶⁷ Submission 125, NSW Government, p 1.

⁶⁸ Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*, p 42; Submission 55, Ending Loneliness Together, p 12.

⁶⁹ Ending Loneliness Together, *Why we feel lonely: A Longitudinal study from the State of the Nation Report 2023*, p 24.

⁷⁰ Submission 125, NSW Government, p 12.

⁷¹ Submission 125, NSW Government, p 12.

⁷² Submission 125, NSW Government, p 11.

⁷³ Submission 125, NSW Government, p 11.

⁷⁴ Submission 125, NSW Government, p 11.

- 1.54** Mission Australia's 2023 Youth Survey found that in 2021 29.7 per cent of young First Nations people aged 15-19 years, reported feeling lonely most or all of the time in the previous four weeks.⁷⁵
- 1.55** Within New South Wales, University of Canberra's Regional Wellbeing Survey 2022-23 found that Aboriginal and Torres Strait Islander respondents were more likely than any other group to report feelings of loneliness, with 28 per cent feeling lonely 'often/all the time'.⁷⁶

Culturally and linguistically diverse people

- 1.56** According to Ending Loneliness Together, people from culturally and linguistically diverse (CALD) communities are 1.5 times more likely to experienced persistent loneliness in compared to people who do not have a CALD background.⁷⁷
- 1.57** The following groups within Australia's multicultural landscape have been identified as being at highest risk of loneliness and social isolation:
- older adults
 - refugees and asylum seekers
 - recent migrants
 - women
 - young people
 - international students
 - people with low English proficiency
 - temporary visa holders.⁷⁸
- 1.58** Self-reported likelihood of feeling lonely or very lonely varies by country of origin, with migrants from Central Asia, South Eastern Europe, South America, Central and West Africa and the Middle East much more likely to report loneliness than Australians.⁷⁹

⁷⁵ Submission 125, NSW Government, p 11.

⁷⁶ Submission 69, Mental Health Commission of New South Wales, p 9. See also Mental Health Commission of New South Wales, Measuring wellbeing, <https://www.Nswmentalhealthcommission.com.au/content/measuring-wellbeing>.

⁷⁷ Submission 55, Ending Loneliness Together, p 8. See also, Evidence, Dr Tadgh McMahon, Head of Research and Policy, Settlement Services International (SSI), 12 December 2024, p 51.

⁷⁸ See for example: Submission 78, Multicultural Communities Council of New South Wales, p 2. See also: Submission 36, SSI, pp 6 and 7; Submission 122, Australian Psychological Society (APS), p 4; Submission 126, South Asian Research and Advocacy Hub (SARAH), pp 4-10.

⁷⁹ Bankwest Curtin Economics Centre, *Stronger Together: Loneliness and social connectedness in Australia*, November 2021, p 83.

People with disability

- 1.59** According to the Bankwest Curtin Economic Centre, 'the social connectedness of people with disability is around 10 percent less than that of people with no disability'.⁸⁰ In addition, people with disability are 12 per cent more likely to feel lonely.⁸¹
- 1.60** Whilst rates of loneliness across the general population declined between 2003 and 2020, this was not the case for people with disability.⁸² People with intellectual or learning disabilities, psychological disability and brain injury or who have had a stroke are all at greater risk of loneliness than the general population.⁸³ According to the New South Wales Council for Intellectual Disability studies have shown that '50 per cent of people with intellectual disability experience chronic loneliness, in contrast to about 15-30 per cent of the general population'.⁸⁴

People with chronic health conditions and poor mental health

- 1.61** Ending Loneliness Together found that people with chronic health conditions are 1.3 times more likely to report persistent loneliness compared to people without a chronic health condition (28.8 per cent versus 21 per cent). Additionally, people with mental health conditions are more than twice as likely to report persistent loneliness compared to people without a mental health condition (44.8 per cent versus 21.0 per cent).⁸⁵
- 1.62** In terms of specific mental health conditions, people who are severely lonely are 4.8 times more likely to have depression than people who are not severely lonely. People who are severely lonely are 4.5 times more likely to have social anxiety than people who are not severely lonely.⁸⁶

Carers

- 1.63** Carers experience elevated rates of loneliness. The State of the Nation Report noted higher rates of loneliness amongst carers (37 per cent) compared to individuals who are not carers (30 per cent).⁸⁷ Further to this, the 2022 National Carers Survey found that 56.3 per cent of carers reported being socially isolated or highly socially isolated.⁸⁸

⁸⁰ Submission 82, Bankwest Curtin Economic Centre, p 14.

⁸¹ Submission 82, Bankwest Curtin Economic Centre, p 14.

⁸² Submission 125, NSW Government, p 12.

⁸³ Submission 125, NSW Government, p 12.

⁸⁴ Submission 52, New South Wales Council for Intellectual Disability, p 2.

⁸⁵ Ending Loneliness Together, *Why we feel lonely: A Longitudinal study from the State of the Nation Report 2023*, p 21.

⁸⁶ Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*, p 23.

⁸⁷ Submission 125, NSW Government, p 12.

⁸⁸ Submission 125, NSW Government, p 12.

Household and relationship status

- 1.64** Ending Loneliness Together reported that single people are 2.7 times more likely to report persistent loneliness compared to people who are in a relationship or married. In addition, people who are separated or divorced are 2.1 times more likely to report persistent loneliness.⁸⁹
- 1.65** In relation to the rates of loneliness amongst widowers, Grief Australia informed the committee that when compared to a control group, widowers 'score significantly higher for symptoms of loneliness, sadness, depressed mood, and appetite loss, and significantly lower for happiness and enjoyment of life'.⁹⁰
- 1.66** More broadly, while 40 per cent of people living alone are lonely, 30 per cent of those who do not are lonely. As noted early in this chapter, even if you live with others you can still feel lonely. According to Ending Loneliness Together, almost half (49 per cent) of people living with extended family are lonely; around a third (34 per cent) of people living with housemates and people living with family (32 per cent) are lonely; and almost a quarter (23 per cent) of people with a partner are lonely.⁹¹

Victim-survivors of domestic and family violence

- 1.67** Victim-survivors of domestic and family violence (DFV) are recognised as a high-risk group for loneliness and social isolation. One aspect of this is that isolation of victim-survivors from their family, friends and broader social network is well understood as a deliberate strategy used by perpetrators of abuse.⁹²

LGBTQIA+ people

- 1.68** A study by ReachOut Australia, an organisation providing mental health support for young people, found that 70 per cent of LGBTQIA+ young people report feeling lonely, compared to 51 per cent of non-LGBTQIA+ young people.⁹³

Developments in other jurisdictions

- 1.69** Internationally and in Australia, in recent years the prevalence of loneliness and social isolation have become a greater concern. While this predated the COVID-19 epidemic, it has gained

⁸⁹ Submission 55, Ending Loneliness Together, p 8.

⁹⁰ Submission 43, Grief Australia, p 5.

⁹¹ Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*, p 42; Submission 55, Ending Loneliness Together, p 12.

⁹² Submission 125, NSW Government, p 12; Submission 72, Relationships Australia, p 8.

⁹³ Submission 125, NSW Government, p 13, quoting ReachOut Australia, *1 in 2 young people stressed about loneliness & mental health impacts according to a new report by ReachOut on International Day of Friendship*, 30 (July 2023), <https://about.au.reachout.com/blog/1-in-2-young-people-stressed-about-loneliness---mental-health-impacts-according-to-a-new-report-by-reachout-on-international-day-of-friendship#:~:text=70%20per%20cent%20of%20LGBTQIA%2B,people%20living%20in%20major%20cities.>

significant momentum since. Thus there have been increasing efforts to mitigate the rising prevalence of loneliness and social isolation.⁹⁴ Nearly all jurisdictional approaches seek to do this by bolstering a greater evidence base through enhanced data collection to inform policy interventions, and by fostering greater social connectedness in communities.⁹⁵ Throughout the inquiry, participants pointed to important developments occurring within Queensland, Australian Capital Territory, the United Kingdom, and Japan.

Queensland

- 1.70** In 2021, the Queensland Parliament's Community Support and Services Committee conducted an inquiry into social isolation and loneliness in Queensland, making 14 recommendations to the government across a range of policy areas.⁹⁶ The Queensland Government supported all recommendations in full or in principle, including agreeing to key definitions, improved data collection, learning from and applying best practice from jurisdictions, consideration of social prescribing, increased training for frontline service workers and support for neighbourhood and community centres.⁹⁷

Australian Capital Territory

- 1.71** In December 2023, the Australian Capital Territory (ACT) launched a parliamentary inquiry into loneliness and social isolation in the ACT. Reporting in August 2024, the committee made 28 recommendations to enhance social connection.⁹⁸ In its submission the ACT Government recognised that opportunities to address loneliness and social isolation require a multifaceted approach, which aim to reduce associated risk factors and enhance protective factors at both an individual and societal level.⁹⁹
- 1.72** In 2020, the ACT Government implemented a Wellbeing Framework to provide high-level indicator outcomes for the territory, and thereby to measure wellbeing factors, track progress and make policy or investment decisions.¹⁰⁰ The ACT Government also created a Community Directory which provides up-to-date information for community organisations who provide services within the Canberra area.¹⁰¹

⁹⁴ Submission 125, NSW Government, p 6.

⁹⁵ Submission 125, NSW Government, p 6.

⁹⁶ Parliamentary Committees, Report No. 14, 57th Parliament, Community Support and Services Committee, Inquiry into social isolation and loneliness in Queensland, December 2021.

⁹⁷ Government response to inquiry into social isolation and loneliness in Queensland, undated, <https://www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=165&id=2866>, pp 1-9.

⁹⁸ Submission 125, NSW Government, pp 6-7; Legislative Assembly for the Australian Capital Territory, Standing Committee on Education and Community Inclusion, 'Inquiry into Loneliness and Social Isolation in the ACT', Report 13, 10th Assembly, August 2024.

⁹⁹ Submission 125, NSW Government, p 6.

¹⁰⁰ ACT Government, *Wellbeing Framework*, (March 2020), https://www.act.gov.au/data/assets/pdf_file/0004/1498198/ACT-wellbeing-framework.pdf.

¹⁰¹ Submission 129, Business Council of Australia, p 16.

United Kingdom

- 1.73** In the UK, loneliness has been recognised as one of the most pressing public health issues.¹⁰² In 2018, the UK Government appointed the world's first Minister for Loneliness and developed the first national loneliness strategy, *A connected society: A strategy for tackling loneliness*.¹⁰³ However, it should be noted that there is no Minister for Loneliness in the current UK Government.¹⁰⁴
- 1.74** The strategy highlighted the importance of social relationships to people's health and wellbeing and of engaging all sectors of society to tackle loneliness. Key elements included:
- supporting the development of business champions to tackle loneliness in the workplace
 - encouraging technology companies to address the challenges of cyberspace bullying
 - creating new community spaces and grow the vital role of community organisations.¹⁰⁵
- 1.75** The strategy had three overarching objectives:
- to improve the evidence base, to enable a better understanding of what causes loneliness, its impacts and what can be done to tackle loneliness
 - to embed loneliness as a consideration across government policy, recognising the diverse factors that can worsen loneliness and support people's resilience and social wellbeing
 - to build a national conversation on loneliness, to raise awareness of its impacts and to help tackle stigma.¹⁰⁶
- 1.76** Under the strategy, the UK Government committed to annual progress reports on initiatives to enable services to connect people, social prescribing, strengthening local infrastructure, considering the housing and planning system, supporting digital inclusions, and raising awareness.¹⁰⁷
- 1.77** In 2020, the COVID-19 pandemic prompted the UK Government to launch the *Let's Talk Loneliness* public campaign which has now transitioned to become part of the established *Better Health: Every Mind Matters* campaign.¹⁰⁸ In addition, a Loneliness Engagement Fund has delivered grants to support groups in England most affected by loneliness.¹⁰⁹ The UK Government also

¹⁰² Submission 125, NSW Government, p 6.

¹⁰³ Submission 125, NSW Government, p 6; Submission 129, Business Council of Australia, p 13.

¹⁰⁴ UK Government, Ministers, <https://www.gov.uk/government/ministers>.

¹⁰⁵ Submission 129, Business Council of Australia, pp 13-14, quoting HM Government, *A Connected Society: A strategy for tackling loneliness*, (October 2018), p 2 https://assets.publishing.service.gov.uk/media/5fb66cf98fa8f54aafb3c333/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf.

¹⁰⁶ HM Government, *A Connected Society: a strategy for tackling loneliness*, (October 2018), p 7, https://assets.publishing.service.gov.uk/media/5fb66cf98fa8f54aafb3c333/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf.

¹⁰⁷ HM Government, *A Connected Society: a strategy for tackling loneliness*, (October 2018), pp 10-11, https://assets.publishing.service.gov.uk/media/5fb66cf98fa8f54aafb3c333/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf.

¹⁰⁸ Submission 125, NSW Government, p 6.

¹⁰⁹ Submission 125, NSW Government, p 6.

established the Tackling Loneliness Network with the aim of sharing research, policy and practice across all sectors.¹¹⁰

Japan

1.78 In response to the growing levels of loneliness, in 2021 the Japanese government appointed a Minister for Loneliness and an Office for Policy on Loneliness and Isolation. The Office has established taskforces to address the following three key themes:

- utilising social media
- ascertaining people's loneliness and social isolation
- supporting collaboration among organisations involved in mitigating loneliness and isolation.¹¹¹

1.79 A further element is focused on the government working together as one to improve the social environment to make it easier for support groups to conduct their activities, such as by compiling emergency support measures for not-for-profit organisations and other organisations tackling loneliness and isolation.¹¹²

1.80 On 1 April 2024, Japan enacted the *Act on the Advancement of Measures to Address Loneliness and Isolation*.¹¹³ The Act's principles include advancing measures to address loneliness and isolation across all societal sectors, providing continuous support to persons experiencing loneliness and isolation, promoting comprehensive policies to address loneliness and isolation, and outlining the responsibilities of national government.¹¹⁴

United States

1.81 In 2023, the US Surgeon General, Dr Vivek Murthy, declared loneliness, social isolation and lack of social connection a public health crisis. The Surgeon General's Advisory on Our Epidemic of Loneliness and Isolation provided a framework for a National Strategy to Advance Social Connection. In November 2023, Congressman Mike Flood and Congressman David Trone introduced the Improving Measurements for Loneliness and Isolation Bill which sought to bring together various experts, and promote collaboration, cooperation and consultation among federal departments to consider ways to standardise the measurements of loneliness and isolation to guide strategic decision making, planning and evaluation strategies to combat

¹¹⁰ Submission 125, NSW Government, p 6.

¹¹¹ Submission 129, Business Council of Australia, p 12, quoting Cabinet Secretariat (Japan), The Office for Policy on Loneliness and Isolation, *There are supports for you*, <https://www.notalone-ca.go.jp/english/>.

¹¹² Japanese Government, Cabinet Office, The Office for Policy on Loneliness and Isolation <https://www.notalone-ca.go.jp/english/>

¹¹³ Submission 129, Business Council of Australia, p 12.

¹¹⁴ Submission 129, Business Council of Australia, p 12; *Act on the Advancement of Measures to Address Loneliness and Isolation (No 43 of 2023)* (Japan).

loneliness and social isolation. The bill was introduced in the House of Representatives in February 2025.¹¹⁵

Denmark

- 1.82** In May 2023 Denmark published a strategy and action plan developed by the National Partnership Against Loneliness, comprising 115 organisations across municipalities, regions, businesses, non-government organisations, civil society and others.
- 1.83** The partnership's work was premised on loneliness as occurring within five key life areas, - where it should therefore be prevented and addressed:
- home and living
 - daycare, school and education
 - leisure and communities
 - working life and employment
 - health and care.
- 1.84** The strategy, *Together against loneliness*, set the direction, while the action plan provided a number of concrete suggestions for actions and initiatives.¹¹⁶

World Health Organisation

- 1.85** The WHO most recently established the WHO Commission on Social Connection (2024–2026) which aims to inform national approaches to address these issues, as public health priorities.

¹¹⁵ Submission 125, NSW Government, p 7; United States Congress, *Improving Measurements for Loneliness and Isolation Act 2025*, <https://trackbill.com/bill/us-congress-house-bill-1305-improving-measurements-for-loneliness-and-isolation-act-of-2025/2662134/>.

¹¹⁶ Age Platform Europe, Proposal for a national strategy against loneliness in Denmark, 7 July 2023, <https://www.age-platform.eu/proposal-for-national-strategy-against-loneliness-in-denmark/>.

Chapter 2 Risk factors

A key theme from the evidence gathered during the inquiry is that the risk factors for loneliness, and therefore the strategies that can be employed to mitigate them, operate at the individual, community and population levels.

This chapter provides an overview of the risk factors for loneliness, structured according to these three levels. First, however, it sets out a number of observations that have emerged from our review of stakeholder views regarding risk factors. A clear theme from the evidence documented throughout the chapter is the complex interplay, overlap and compounding effect of risk factors that plays out in the reality of people's lived experience of loneliness.

The risk factors at the individual level documented in this chapter include personality and cognitive traits, lack of microskills, physical and mental health, caring responsibilities, problematic social media use, and life transitions. Those at the community level include lonelygenic environments, and rurality and remoteness. Finally, those at the population level include economic hardship, working conditions and workplace culture, natural disasters, declining community participation and volunteering, and stigma and shame.

This chapter does not provide a comprehensive list of all risk factors shared with the committee, but rather those frequently highlighted by participants. It sets the scene for the following chapter on the impacts of loneliness, and for the subsequent chapters which examine the strategies to address loneliness, again according to these three levels.

Observations

- 2.1** Before we examine the range of risk factors for loneliness, a number of observations emerging from the evidence gathered by the committee are noted below. These observations relate to:
- the complexity of loneliness as both a concept and social problem
 - the diversity of lived experience
 - the implicit focus on severe and/or persistent loneliness
 - social isolation as distinct from loneliness
 - relationships as a protective factor
 - community attitudes
 - overlaps with the social determinants of health
 - conceptualising risk factors and interventions at the individual, community and population levels.

Complexity of the concept and problem of loneliness

- 2.2** A first observation arising from the evidence before the committee is the complexity of loneliness as a concept, and correspondingly, the complex interplay of its risk factors. Directly linked to this is the challenge of separating cause and effect, for example in the interplay between

mental and physical health and loneliness.¹¹⁷ Rather than attempting to unravel these complexities, we acknowledge them as a given in this chapter's consideration of the risk factors for loneliness, as well as each of the subsequent chapters on its impacts, and on strategies to address loneliness.

The diversity of lived experience

- 2.3** Throughout this inquiry the committee heard from an array of stakeholders who outlined the experience of different cohorts. In doing so, they demonstrated that experiences of loneliness may be influenced by an individual's age, gender, race, socioeconomic status, disability, caring responsibilities and sexuality. This is particularly important to note in the context of devising suitable interventions to address loneliness, which will be examined in chapter 5, 6, 7, and 8.

A focus on persistent and/or severe loneliness

- 2.4** As noted in the previous chapter, most people experience loneliness at some point in their lives. Several inquiry participants observed that loneliness is a normal emotion, a normal aspect of the human condition.¹¹⁸ However, it is when loneliness becomes severe or persistent that it is more problematic, and it is these problematic experiences that are the focus of concern for inquiry participants, the committee and policy makers.

- 2.5** Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together, and Associate Professor, Prevention Research Collaboration, University of Sydney, for example, told the committee that loneliness per se is less of a concern than persistent loneliness because it is the latter that is associated with poorer health:

[F]rom an evolutionary point of view, you are meant to feel lonely. It's like you are meant to feel hungry and you are meant to feel thirsty. What I am concerned about is persistent loneliness ... because we know now with emerging data that, yes, loneliness is bad for our health and wellbeing, but when we have those persistent states or more chronic states, that's where we exacerbate our incidence of high mortality and increase our risk of developing future health problems.¹¹⁹

- 2.6** The various impacts of loneliness, both in terms of physical and mental health as well other aspects of peoples' lives, along with the costs for society, are explored in the chapter 3.
- 2.7** While most inquiry participants were not explicit that they were discussing more problematic experiences of loneliness, it was understood that as these were the focus of the inquiry, and correspondingly, they are the focus of this report.

¹¹⁷ Submission 125, NSW Government, p 8.

¹¹⁸ See for example: Evidence, Ms Carly Dober, Policy Coordinator & Psychologist, Australian Association of Psychologists 15 November 2024, p 17; Evidence, Dr Murray Wright, PSM, Chief Psychiatrist, NSW Ministry of Health, 12 December 2024, p 2; Evidence, Mr Paul Dolby, Founder, Spoke International, 6 February 2025, pp 13 and 14.

¹¹⁹ Evidence, Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together, and Associate Professor, Prevention Research Collaboration, University of Sydney, 15 November 2024, p 3.

Social isolation

- 2.8** When discussing risk factors, many inquiry participants used the terms loneliness and social isolation interchangeably¹²⁰ – with the implication being that what is a risk factor for loneliness may also be a risk factor for social isolation. Additionally, Professor Michelle Lim, Chief Executive Officer of Ending Loneliness Together and Associate Professor, Prevention Research Collaboration, University of Sydney, advised the committee that isolation is a recognised pathway to loneliness.¹²¹
- 2.9** As noted in chapter 1, whilst loneliness and social isolation can co-exist, they are distinct concepts.¹²² Indeed, some inquiry participants called for further research to better understand the interrelationship and distinction between loneliness and social isolation, as this may have important implications for both risk factors and suitable interventions.¹²³

Relationships and connections

- 2.10** Relationships were also identified as a key factor in the experience of loneliness. The committee heard that strong social relationships are a protective factor against loneliness, and correspondingly that poor social relationships are a key driver of loneliness and social isolation.¹²⁴
- 2.11** The committee also heard that risk factors for loneliness may undermine the quality of an individual's social relationships, particularly in the context of economic hardship, poor mental health, and workplace conditions and culture.¹²⁵
- 2.12** Beyond immediate relationships, the committee also heard that the correlation between relationships and loneliness should also include consideration of an individual's relationship with place, culture, heritage and society.¹²⁶ For example, the NSW Government acknowledged in its submission that when considering experiences of loneliness and social isolation,

¹²⁰ See for example: Submission 22, Australian College of Nurse Practitioners, pp 3-4 and 5; Submission 25, Olga Tennison Autism Research Centre, pp 5-8; Submission 128, NSW Ageing and Disability Commission, pp 1-10; Submission 134, Carers NSW, pp 1-8.

¹²¹ Evidence, Professor Lim, 15 November 2024, p 3.

¹²² See for example: Submission 129, Business Council of Australia, p 4.

¹²³ See for example: Submission 131, Lifespan Health and Wellbeing Research Centre – Macquarie University, pp 4-5; Submission 44: St John's Cathedral, Brisbane, p 77; Evidence, Professor Viviana Wuthrich, Lifespan Health and Wellbeing Research Centre, Macquarie University, 15 November 2024, p 42.

¹²⁴ Evidence, Ms Elisabeth Shaw, Chief Executive Officer, Relationships Australia NSW, 15 November 2024, p 26.

¹²⁵ See for example: Evidence, Mr Chris Gambian, Executive Director, Australians for Mental Health, 15 November 2024, p 11; Evidence, Dr Nancy Kong, Senior Lecturer, Centre for Health Economics Research and Evaluation, University of Technology Sydney, 15 November 2024, p 35; Evidence, Mr Chris Siorokos, Executive Director, Government and Stakeholder Relations, Lifeline Australia, 6 February 2025, p 7; Evidence, Mr Robert Taylor, Manager, Alcohol and Drug Foundation, 6 February 2025, p 45; Evidence, Mr Greg Jennings, Chief Engagement Officer, Beyond Blue, 15 November 2024, p 27.

¹²⁶ Submission 88, Population Wellbeing and Environment Research Lab (PowerLab), p 4.

'connection to kin, country, cultural and spirituality' is foundational to the wellbeing and health of Aboriginal and Torres Strait Islander people.¹²⁷

Community attitudes

- 2.13** A theme that emerges in the later section of this chapter on population level risk factors is the invisible power of community attitudes in shaping both the emergence and experience of loneliness at the individual level. This is exemplified by the strength of stigma as a driver and reinforcer of loneliness. Stigma is discussed in detail towards the end of the chapter, and strategies that address community attitudes and awareness are examined in chapter 7, focusing on population level strategies.
- 2.14** It is also apparent that internalised community attitudes can play out in individual actions and relationships, as noted in the discussion of individual level risk factors below.

Social determinants of health

- 2.15** A further observation is that over the course of the inquiry, it became clear that many risk factors for loneliness line up with the social determinants of health – defined in chapter 1 as the conditions or circumstances in which people are born, grow up, live, work and age that influence their health, and the systems put in place to deal with illness.¹²⁸ Notable social determinants highlighted to the committee include economic disadvantage, the built environment, and barriers to community participation, which are further unpacked in this chapter.
- 2.16** Dr Murray Wright, PSM, Chief Psychiatrist, NSW Ministry of Health, told the committee that loneliness is best understood 'from a sociological perspective, within the realm of the social determinants of health – those non-medical factors that influence health outcomes'.¹²⁹ Asked about the NSW Government's actions in respect of the social determinants of health, he explained:

I wouldn't necessarily say that there's an approach to the social determinants in its totality. I think it's about recognition of the individual aspects of some of the social determinants—things like access to education, access to stable accommodation, relationships with community, social justice, issues around poverty, trauma and domestic violence et cetera. In the area that I can speak confidently about, which is in health, in any individual policy initiative or service delivery, you will encounter individuals who are impacted by one or more of the social determinants.¹³⁰

- 2.17** Dr Wright went on to refer to the example from the mental health field, where it is well recognised that people with serious mental illness also experience problems with housing instability, and correspondingly, that a persons' mental health outcomes are much improved if their housing is also addressed. Hence, there are government programs in which the housing and health sectors collaborate to address that need. He concluded, 'It's more about recognising

¹²⁷ Submission 125, NSW Government, p 5.

¹²⁸ Submission 125, NSW Government, p 3.

¹²⁹ Evidence, Dr Wright, PSM, 12 December 2024, p 2.

¹³⁰ Evidence, Dr Wright, PSM, 12 December 2024, p 7.

how it might impact on the community that you are serving or the individuals that need your services'.¹³¹

Conceptualising risk factors as operating at the individual, community and population levels

- 2.18** A final observation, as noted at the start of this chapter, is that the risk factors for loneliness can be conceptualised as operating at the levels of the individual person, the community, and the broader population. In other words, there may be features or attributes of an individual that predispose them to risk of loneliness; aspects of a local community may be conducive to loneliness; and broader forces at the population level that expose a person to greater risk.
- 2.19** The sections that follow organise risk factors according to these three levels.

Risk factors at the individual level

- 2.20** Many of the risk factors for persistent or more serious loneliness identified by inquiry participants related to individual characteristics including an individual's personality and cognitive traits, their skills, knowledge and experiences, physical and mental health, and behaviours.

Personality and cognitive traits

- 2.21** Inquiry participants advised the committee that personality and cognitive traits such as introversion, neuroticism, self-defeating thinking and cognitive decline are each associated with an increased risk of loneliness.¹³²
- 2.22** The committee heard that certain personality and cognitive traits may discourage help-seeking behaviour, contributing to the development of chronic loneliness. The Mental Health Commission of NSW further explained the aspects of this dynamic:

Chronic loneliness is more deeply rooted where long-term cognitive and behavioural patterns have been established ... Individuals who experience chronic loneliness often display traits such as higher anxiety, lower self-esteem, introversion, and low emotional stability. These characteristics, along with cognitive tendencies like self-defeating thinking and poor social skills, contribute to maintaining their prolonged state of loneliness.¹³³

- 2.23** Additionally, Professor Viviana Wuthrich, Director, Lifespan Health and Wellbeing Research Centre, Macquarie University, told the committee that 'cognitive misattributions' maintain feelings of loneliness by discouraging help seeking behaviour as the individual believes 'that they

¹³¹ Evidence, Dr Wright, PSM, 12 December 2024, p 7.

¹³² See for example: Submission 69, Mental Health Commission of NSW, p 12; Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 15.

¹³³ Submission 69, Mental Health Commission of NSW, p 12.

don't have people available to help them and to support them who might come and be of aid to them if they need it'.¹³⁴

Lack of microskills

- 2.24** Linked to cognitive and personality traits, participants advised the committee that people may lack the interpersonal 'microskills' necessary to engage in conversations with others about their experiences of loneliness, which further increases the likelihood of extended periods of loneliness. Humans:Connecting explained this individual level risk factor in the context of community attitudes:

Our collective inability to speak of our loneliness means that we do not know how to talk about – or listen to – our loneliness or the loneliness experience of others. Not being able to talk about it compounds the issue. Besides, how can we talk about it or ask for support when we cannot describe what it is that we are experiencing?¹³⁵

- 2.25** The committee heard that this issue may be compounded by gender-related cultural norms. Ms Elisabeth Shaw, Chief Executive Officer, Relationships Australia NSW, suggested that women are often more likely to discuss their concerns with a friend or professional, in comparison to many men, who 'are much more likely to go quiet than to speak up'.¹³⁶ Additionally, Dr Stephanie Hodson, Chief Executive Officer, Relationships Australia Canberra and Region, advised that 'one of the biggest challenges for men is self-stigma and the internalised belief that "I should be able to cope"'.¹³⁷

- 2.26** In the same vein, Professor Roger Patulny, Professor of Sociology, Hong Kong Baptist University, explained that traditional hegemonic attitudes about masculinity discourage men from sharing their thoughts and feelings with others, as these traditional ideals of self-sufficiency, emotional restraint and independence discourage men from showing 'vulnerable' emotions.¹³⁸ On this reasoning, a person's strengths or weaknesses in terms of microskills may in part have been shaped by the social attitudes that they have internalised over their lifetime.

Physical and mental health

- 2.27** Poor physical and mental health, known barriers to community participation, were also identified as individual level risk factors for loneliness. Macquarie University's Lifespan Health and Wellbeing Research Centre noted that:

Poor health, chronic conditions, sensory impairments and immobility are well recognised barriers to social participation and are associated with increased social

¹³⁴ Evidence, Professor Wuthrich, 15 November 2024, p 44.

¹³⁵ Submission 62, Humans:Connecting, p 12.

¹³⁶ Evidence, Ms Shaw, 15 November 2024, p 26.

¹³⁷ Evidence, Dr Stephanie Hodson, Chief Executive Officer, Relationships Australia Canberra and Region, 15 November 2024, p 29.

¹³⁸ Submission 142, Professor Roger Patulny, p 3.

isolation and loneliness. For example, we have shown that chronic conditions such as endometriosis increase feelings of loneliness and reductions in social activities.¹³⁹

- 2.28** While not strictly a mental health condition, the Australian Psychological Association told the committee that 'cognitive decline and increased risk of dementia are associated with higher levels of loneliness'.¹⁴⁰ This was reflected in the evidence of Ms Gwenda Darling, Member of the Aged Care Council of Elders, who told the committee that people with dementia, and older people living in residential care more generally, often experience loneliness and social isolation due to a loss of social relationships:

... when we get dementia, often we lose our whole community because our friends all drop off because they can't cope. Older people, generally, I think often, particularly in residential care, can be surrounded by people but still be lonely.¹⁴¹

- 2.29** A more detailed example of the correlation between poor physical health and loneliness was provided by Mrs Amanda Sluiter and Dr Karine Manera, School of Public Health, Faculty of Medicine and Health, The University of Sydney, who explained that people with chronic kidney disease (CKD) experience loneliness and social isolation as a consequence of life-long treatment, which impacts their social roles, contributes to fatigue and pain, and restricts opportunities for social participation. They also noted that this may also have follow on impacts for carers:

The life-long treatment required to manage CKD leads to profound disruptions to social roles. Medications and side effects, symptoms such as fatigue and pain, as well as kidney replacement therapies including dialysis and kidney transplantation, lead to restrictions in patients' life participation and increase the risk of loneliness and social isolation ... [Additionally, c]aregivers of people with CKD may experience significant burden due to their ongoing responsibilities, contributing to the deterioration of social relationships outside of their caregiving role.¹⁴²

- 2.30** Quotes from people with CKD in the box below gathered during research by Mrs Sluiter, illuminate the isolating experience of many people with serious chronic illness.

Comments from people with chronic kidney disease¹⁴³

'When a patient feels tired, they often get withdrawn. This can lead to depression as when we are fatigued, we don't often get to enjoy the things that we used to and it can leave us feeling helpless, like a burden to others'.

'Now, I feel like I have no life – just go dialysis, come home, sleep, eat that's it – tired, sleep'.

'You feel so alone because no matter how much support someone gives you, no matter how much love they show you, they are not going through what you're going through'.

¹³⁹ Submission 131, Macquarie University Lifespan Health and Wellbeing Research Centre, p 8.

¹⁴⁰ Submission 112, Australian Psychological Association, p 5.

¹⁴¹ Evidence, Ms Gwenda Darling, Member, Aged Care Council of Elders, 6 February 2025, p 53.

¹⁴² Submission 137, Mrs Amanda Sluiter and Dr Karine Manera, p 3.

¹⁴³ Submission 137, Mrs Amanda Sluiter and Dr Karine Manera, pp 4, 8 and 9.

'I lost a lot of friends in that who surprisingly still didn't understand I was on dialysis or not well, and I think they were upset that I wasn't accepting invitations or showing up or agreeing to come, but then not coming and sending last minute apologies'.

'No one called and checked up on me'.

Comments from people with other physical illness¹⁴⁴

'Due to having a chronic illness, I spend most of my time housebound and am unable to work. I have very little chances to meet friends or socialise outside as I usually have other health issues impacting potential time. I also don't have many people to talk to who understand my circumstances...'

'During my cancer treatment I was isolating due to risk of infections. I no longer attended church, craft group or work. I live with my husband and two adult children, but I was alone nearly all day, every day. My husband didn't understand that he was my link to the outside world, and would brush off my questions when he would come home in the evenings. I have never felt so alone'.

2.31 In terms of mental health conditions as a risk factor, referring specifically to the link between loneliness and poor mental health, data obtained from the Mental Health Commission's Living Well Indicators study showed that in 2022:

- more than one in two people with poor mental health reported often feeling lonely compared to one in eight people with moderate to good mental health¹⁴⁵
- people with moderate to good mental health consistently reported higher ratings of feeling part of their local community compared to those with poor mental health¹⁴⁶
- people with moderate to good mental health were more likely to participate in social and community groups (one in three) in comparison to people with poor mental health (one in five).¹⁴⁷

Comment from a person with lived experience of mental illness¹⁴⁸

'Personally, I have experienced loneliness in the past due to my mental illness. Unfortunately, when I have been unwell people, including my family members, seem to distance themselves from me due to my behaviours. I've also experienced stigma and misunderstanding surrounding my diagnosed mental illness and the symptoms involved with this illness'.

¹⁴⁴ Standing Committee on Social Issues, *Online questionnaire report: Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, p 1.

¹⁴⁵ Mental Health Commission of NSW, *Loneliness*, (5 June 2024), <https://www.nswmentalhealthcommission.com.au/measuring-change-indicator/loneliness>. See also: Submission 127, Australians for Mental Health, p 10.

¹⁴⁶ Submission 69, Mental Health Commission of NSW, p 17

¹⁴⁷ Submission 69, Mental Health Commission of NSW, p 17

¹⁴⁸ Standing Committee on Social Issues, *Online questionnaire report: Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, p 1.

Bullying

- 2.32** The committee also heard that bullying can lead to poor mental health outcomes and has been linked to feelings of loneliness. For example, the Office of the Advocate for Children and Young People (ACYP) told the committee that in a 2022 roundtable discussion, young people reported that bullying made them feel worthless, excluded and isolated.¹⁴⁹ ACYP noted that certain cohorts of young people are more likely to experience bullying than others, including neurodivergent children and young people, Aboriginal or Torres Strait Islander children and young people, those with a disability, those with a mental illness, younger aged children, and young people living in regional areas.¹⁵⁰
- 2.33** Further to this, Orygen advised that bullying is associated with a decreased sense of belonging, a known protective factor against loneliness.¹⁵¹ The committee also heard about the impact of cyberbullying, which is discussed in the next subsection.
- 2.34** The inverse effect, whereby loneliness contributes to poorer physical and mental health outcomes, is further examined in chapter 3.

Caring responsibilities

- 2.35** Having caring responsibilities for a person with physical or mental health conditions or significant disability also emerged as a significant risk factor for loneliness, already mentioned above in respect of mental and physical ill-health. This risk is substantially attached to the limited opportunities that carers have to take part in social and community activities, to connect with others and to maintain existing relationships.¹⁵²

Comment from a carer¹⁵³

'My experience with loneliness was probably at its worst when my husband was diagnosed with Alzheimer's in 2017. I looked after him all the time, right through until he passed away. That was a really lonely time for me because I lost all conversations with my husband. We couldn't have a conversation. At that particular time, that was very lonely. After that I got more involved with the neighbourhood centre and I made my way back that way, with company and joining in with other things they have there at the centre'.

- 2.36** Carers NSW highlighted that carers' connectedness with others can be affected by multiple, interconnected factors, which can include but are not limited to:
- a lack of time and energy, due to the demands of caring, to build or maintain relationships

¹⁴⁹ Submission 133, Office of the Advocate for Children and Young People, p 8.

¹⁵⁰ Submission 133, Office of the Advocate for Children and Young People, p 8.

¹⁵¹ Submission 47, Orygen, p 3.

¹⁵² Submission 134, Carers NSW, p 3.

¹⁵³ Evidence, Mrs Lyn Pengilly, Community Member, Parkes Neighbourhood Central, 7 February 2025, p 3.

- diminishing relationships due to stigma or a lack of understanding about the caring experience
- a lack of exposure to peers who understand the caring experience and/or have similar interests
- challenges accessing adequate replacement care from formal services (such as 'respite') or other family members or friends to free up time for social participation.¹⁵⁴

2.37 Carers NSW also identified factors associated with access to transport and financial costs discussed elsewhere in this chapter. Other participants who illuminated carers' experience of loneliness included Mental Health Carers NSW Inc,¹⁵⁵ Mental Health Carers NSW Psychosocial Disability Systemic Advocacy¹⁵⁶ and the Mental Health Coordinating Council.¹⁵⁷

Parenting responsibilities

2.38 The Parenting Research Centre suggested that parenting may have been underestimated as a time of risk in many people's lives. It explained that it has been presumed that during middle adulthood the risk of loneliness is lower because of assumed support from a partner, along with social connections attached to children and from workforce participation. However, changes in the nature of parenting roles and family structures including more dual-income families, more single-income households, and greater participation in the workforce by women may mean that these assumptions no longer hold. The centre also reported some evidence that some groups of parents are at higher risk of loneliness, for example, parents of children with a chronic health condition or disability and those from culturally and linguistically diverse backgrounds.¹⁵⁸

2.39 Linked to this, Professor Lim advised the committee that there is some prevalence of loneliness among middle age people. While there has been little research on the causes of loneliness in midlife, hypotheses include that because of parenting roles and/or caring roles, people lack the time to develop and maintain meaningful social connections for themselves, as they are overburdened by those responsibilities.¹⁵⁹

Comment from a sole parent who also carers for older parents¹⁶⁰

'I am [a] single parent, living rural, I have no support from family or friends. Friends have their own families and troubles, and my parents are at the stage of the life where I need to care for them too'.

¹⁵⁴ Submission 134a, Carers NSW, p 2.

¹⁵⁵ Submission 111, Mental Health Carers Inc, p 10.

¹⁵⁶ Submission 118, Mental Health Carers NSW Psychosocial Disability Systemic Advocacy, p 10.

¹⁵⁷ Submission 112, Mental Health Coordinating Council, p 8.

¹⁵⁸ Submission 106, Parenting Research Centre, p 5.

¹⁵⁹ Evidence, Professor Lim, 15 November 2024, p 3.

¹⁶⁰ Standing Committee on Social Issues, *Online questionnaire report: Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, p 3.

A lack of peer support

- 2.40** A lack of peer support was also identified as a risk factor for loneliness. Ms Carly Dober, Policy Coordinator and Psychologist, Australian Association of Psychologists Inc., explained to the committee that a 'lack of adequate social support networks ... can lead to vicious cycles of withdrawal and increase isolation'.¹⁶¹
- 2.41** Additionally, in a survey of its NSW based advocates conducted by Dementia Australia, common factors identified by respondents as contributing to feelings of loneliness included:
- lack of close relationships (83 per cent)
 - limited support networks (83 per cent)
 - social stigma or discrimination (67 per cent).¹⁶²
- 2.42** The impact of stigma and discrimination as a risk factor for loneliness is examined later in this chapter.
- 2.43** The NSW Carers Advisory Council advised the committee that a lack of peer support is a key concern for carers, explaining that 'Without a support network of fellow carers, individuals may feel isolated in their struggles, lacking emotional outlets or shared experiences'.¹⁶³ Further to this, Carers NSW advised that its 2024 National Carers Survey found that whilst one in five respondents from New South Wales were accessing online or in person peer support, approximately two in five reported an unmet need for peer support.¹⁶⁴ Additionally, the survey found that specific sub-groups were more likely to report higher levels of unmet need, including Aboriginal and Torres Strait Islander carers, those aged 15-64 years, those in paid employment and those living in inner regional areas.¹⁶⁵

Problematic social media use

- 2.44** Inquiry participants also told the committee that problematic social media use can drive feelings of loneliness and that this was a particular issue for children and young people. Mrs Johanna Pitman, Chair of the Groundswell Foundation's Research SubCommittee, observed that overuse of social media can limit young people's face-to-face interactions, which further impacts their ability to form meaningful connections.¹⁶⁶
- 2.45** Mr Martin Blake, Chairman of the Groundswell Foundation, described social media as a 'double-edge sword', explaining that while it has the ability to enhance connections it is 'really a little bit out of control' like a 'bushfire in summer'.¹⁶⁷ He underscored his concern that 'we have

¹⁶¹ Evidence, Ms Dober, 15 November 2024, p 10.

¹⁶² Submission 67, Dementia Australia, p 6.

¹⁶³ Submission 23, NSW Carers Advisory Council, p 2.

¹⁶⁴ Submission 134a, Carers NSW, p 5.

¹⁶⁵ Submission 134a, Carers NSW, p 5.

¹⁶⁶ Evidence, Mrs Johanna Pitman, Chair, Research SubCommittee, Groundswell Foundation, 15 November 2024, p 6.

¹⁶⁷ Submission 133, Office of the Advocate for Children and Young People, p 8.

an entire generation of young people that have a reduced capacity to create meaningful social connections. They are simply connected but disconnected'.¹⁶⁸

Comments about problematic use of social media¹⁶⁹

'[Young people] are very connected but are the loneliest. They are not experiencing 'real connections' in real life and are losing the art of communication and feeling comfortable around people. I have young relatives who only communicate via sms [text message] or social media'.

'While social media can create the illusion of connection, it often lacks the depth and authenticity of in-person interactions. Many users may find themselves comparing their lives to curated online personas, leading to feelings of inadequacy and loneliness. Moreover, the addictive nature of these platforms can result in excessive screen time, which may further detract from real-world social interactions'.

'It creates unrealistic expectations, doom scrolling, and a separation from reality'.

- 2.46** In the same vein, Mr Chris Gambian, Executive Director of Australians for Mental Health, commented that social media has weakened our ability to relate to one another:

I think one of the things that social media is doing is eroding our ability as a community to relate to each other, because we are getting very curated content. Our phones are much more interesting than the more difficult conversations we might be part of, and so we are losing that skill.¹⁷⁰

- 2.47** Some participants noted that certain aspects of social media can distort an individual's sense of reality and in turn, their feelings of self-worth and belonging. Further to this, the Office of the Advocate for Children and Young People (ACYP) shared with the committee that young people feel that social media has placed a certain set of expectation on themselves, which feeds anxiety. One young person quoted in the ACYP submission spoke in terms of a 'lack of connection to community [and] self-esteem issues [stem] from seeing only the best of people's lives from the internet'.¹⁷¹

- 2.48** Similarly, the Construction Industry Drug and Alcohol Foundation stated that in addition to encouraging superficial interactions, social media can lead to feelings of inadequacy and detachment from others:

[S]ocial media platforms often encourage superficial interactions rather than meaningful relationships. Users may accumulate hundreds or even thousands of online "friends," but these connections often lack depth and intimacy. Many individuals engage in a cycle of scrolling through curated highlights of others' lives, which can lead to feelings of inadequacy and disconnection. Instead of fostering genuine connections, social media

¹⁶⁸ Evidence, Mr Martin Blake, Chairman, Groundswell Foundation, 15 November 2024, p 21.

¹⁶⁹ Standing Committee on Social Issues, *Online questionnaire report: Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, p 9.

¹⁷⁰ Evidence, Mr Gambian, 15 November 2024, p 16.

¹⁷¹ Submission 133, Office of the Advocate for Children and Young People, p 7.

can reinforce a sense of isolation as individuals compare their real lives to the seemingly perfect lives portrayed online.¹⁷²

- 2.49** Related to problematic social media use, cyberbullying and online harassment was also highlighted as an area of concern for young people. In doing so, ACYP shared the following quote from a young transgender person:

As a trans person, online and on social media, I constantly even if it's not being directed to me, see a constant flow of transphobic stuff and that has in general, a pretty big negative impact on young trans people's mental health. And I have had things like cyberbullying and harassment targeted towards me and my online friends directly, through things like infiltrating those safe spaces and things like that and I definitely think that it's a big issue.¹⁷³

- 2.50** Nonetheless, a number of inquiry participants also recognised the important role of social media in keeping young people connected.¹⁷⁴ The ACYP pointed out that social media has many benefits for children and young people, such as providing them with access to:

- mental, physical and sexual health information
- support services
- platforms to connect with friends and family
- educational support.¹⁷⁵

- 2.51** Miss Maddison Elwine-Wilson, a young person who appeared before the committee, highlighted the valuable role of social media in keeping her connected with her peers after she left high school and went to TAFE. She noted that social media enabled her to stay up to date with relevant topics, which assisted her in forming new friendships over time:

For me personally, I found that social media was the only way that I was really able to stay connected to people my age when I wasn't physically engaging with them, if that makes sense. Even though I was not hanging out with people my age and didn't have friends my age, I was still able to have an idea of what was kind of going on, what the trends were, what people were talking about, so I wasn't able to feel too disconnected from people my age. If I didn't have that, if I wasn't able to stay connected to what was going on, now—having friends and having that connection—I would not understand 90 per cent of what people are talking about ... I do think social media can enable people, I guess, to maybe stay home and not seek social connection, but I also think it gives a lot of people that social connection as well.¹⁷⁶

- 2.52** At the same time, the committee heard that social media can play a role in enhancing identity and belonging.¹⁷⁷ Ms Zoë Robinson, Advocate, ACYP, for example, highlighted that social

¹⁷² Submission 38, The Construction Industry Drug and Alcohol Foundation, p 11.

¹⁷³ Submission 133, Office of the Advocate for Children and Young People, p 8.

¹⁷⁴ See for example, Submission 121, Youth Action, pp 5-6; Submission 133, Office of the Advocate for Children and Young People, pp 7-8; Evidence, Miss Maddison Elwine-Wilson, Individual, Office of the Advocate for Children and Young People, 12 December 2024, pp 31-32.

¹⁷⁵ Submission 133, Office of the Advocate for Children and Young People, p 8

¹⁷⁶ Evidence, Miss Elwine-Wilson, 12 December 2024, pp 31-32.

¹⁷⁷ Submission 125, NSW Government, p 14.

media plays an important role for specific cohorts of young people, including people with disability and people from regional communities.¹⁷⁸

Comments from people endorsing the use of social media and technology¹⁷⁹

'Technology was a great success for a 95-year-old client who had no family in Australia. She was taught how to use an iPad, take photos and engaged in emails with staff, and family overseas, including sharing photos ... It opened the world for her'.

'Social media platforms allow people to maintain relationships across distances, share experiences, and find communities of like-minded individuals. This can be particularly beneficial for marginalised groups, including those in the LGBTIQ+ community or individuals living with disabilities, who may feel isolated in their immediate surroundings'.

'Social media is also useful in moderation. I use WhatsApp to plan and book exercise and social events, and keep in touch with remote family...'

Life transitions

- 2.53** Inquiry participants told the committee that life transitions such as leaving school, starting a new job, moving to a new area, having children, children leaving home, retirement, relationship breakdown and bereavement, are all associated with higher rates of loneliness.¹⁸⁰
- 2.54** For example, Mr Sky Camarce, a recent high school graduate, described how leaving school can be accompanied by a loss of peer connections and the removal of supportive interactions with teachers and school staff, which can contribute to feelings of loneliness:

Many young Australians face a sudden break from the social networks they built during their school years. After completing their HSC, students often disperse in different directions—some attending university, others joining the workforce, and others taking gap years. This disruption can create feelings of isolation, especially for those who find themselves on different life paths from their friends. Without structured support to maintain or rebuild social connections, many young adults are left feeling adrift during this pivotal stage ... the transition [also] removes young people from regular, supportive interactions with teachers and school staff who previously provided guidance and mentorship. For those who may lack stable family support, the absence of these positive adult influences can exacerbate feelings of loneliness and contribute to emotional insecurity.¹⁸¹

¹⁷⁸ Evidence, Ms Zoë Robinson, Advocate for Children and Young People, Office of the Advocate for Children and Young People, 12 December 2024, p 31.

¹⁷⁹ Standing Committee on Social Issues, *Online questionnaire report: Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, p 9.

¹⁸⁰ See for example: Evidence, Ms Shaw, 15 November 2024, p 26; Evidence, Mr Chris Twomey, Senior Industry Fellow, Bankwest Curtin Economics Centre, 15 November 2024, p 36; Submission 9, Ms Julia Hern, p 9; Submission 20, Mr Sky Mabry Camarce, p 1; Submission 74, Playgroup NSW, p 2.

¹⁸¹ Submission 20, Mr Sky Mabry Camarce, p 1.

- 2.55** A number of stakeholders also highlighted that bereavement can trigger feelings of loneliness.¹⁸² In their submission, Grief Australia advised the committee that 30 per cent of bereaved individuals report significant loneliness.¹⁸³ It further elucidated the enormous loss, isolation and adjustment that often follows the death of a loved one:

Bereavement and loneliness are closely intertwined, with grief often intensifying feelings of isolation. The death of a loved one disrupts not only the emotional and social connections individuals rely on but also their sense of identity and purpose. The resulting loneliness can be profound, particularly when the deceased person was central to the bereaved person's life, such as a spouse, parent, or child.¹⁸⁴

- 2.56** Ms Shaw advised the committee that individuals who are able to hold on to and develop new social relationships during life transitions are better able to manage those transitions. However, she also recognised that, 'Not everyone can do this for a range of reasons'.¹⁸⁵ For example, Ms Shaw spoke of how during a relationship breakdown, family, friends and colleagues may make unfair assumptions about fault that may impact a person's ability to seek support because he or she fears judgement:

If there's a relationship breakdown, there's a stereotype. It would be the man who has let the relationship down or who might be targeted as perhaps a dangerous person. At the moment we're hearing more men seeking services later and then feeling more worried about being judged from the beginning. All of those are very obvious barriers and are the perverse outcome of the narratives that are in society at the moment, which are understandable but are not easy for help-seeking behaviour.¹⁸⁶

Risk factors at the community level

- 2.57** The second level in which risk factors for loneliness can be categorised is at the community level. The committee heard that the way in which communities are designed including the availability of public spaces, green spaces, and 'third places', can enable social connections. Conversely, poorly designed localities with a lack of such spaces can contribute to loneliness. These types of locations are sometimes referred to as 'lonelygenic environments'.

Lonelygenic environments

- 2.58** Professor Xiaoqi Feng and Professor Thomas Astell-Burt coined the term 'lonelygenic environments', to refer to environments where there is limited access to public and green spaces, reducing opportunities for residents to play, socialise and engage in 'prosocial behaviours that foster community, attachment and a sense of belonging'.¹⁸⁷

¹⁸² See for example: Submission 43, Grief Australia, p 4; Evidence, Mrs Mavis Moon, Community Member, Parkes Neighbourhood Central, 7 February 2025, p 5; Evidence, Dr Wright, PSM, 12 December 2024, p 3.

¹⁸³ Submission 43, Grief Australia, p 5.

¹⁸⁴ Submission 43, Grief Australia, p 4.

¹⁸⁵ Evidence, Ms Shaw, 15 November 2024, p 33.

¹⁸⁶ Evidence, Ms Shaw, 15 November 2024, p 29.

¹⁸⁷ Submission 88, Population Wellbeing and Environment Research Lab (PowerLab), p 3.

- 2.59** Professor Feng, Professor of Urban Health and Environment, University of New South Wales School of Population Health, and Founding Co-Director, PowerLab, told the committee that lonelygenic environments isolate people, offering little to no opportunity for neighbours to greet one another and form new connections.¹⁸⁸
- 2.60** In the same vein, the Combined Pensioners and Superannuants Association of NSW (CPSA) told the committee that many Australian suburbs are designed in a way that promotes social fragmentation, weakens community connections, and contributes to loneliness and social isolation:

[M]any Australian suburbs, especially newly developed suburbs, are characterised by large, single-family homes, car-centric streets, limited walkability, negligible public transport access, limited green space and a total lack of third spaces. These neighbourhoods prioritise life inside the family home to life outside of it. By definition, this promotes social atomisation, the weakening of community connections and, as a result, loneliness and isolation.¹⁸⁹

A lack of green spaces

- 2.61** The committee heard that there is a proven strong relationship between a lack of access to green spaces and loneliness with research demonstrating that green spaces, including gardens and parks, are actually a protective factor against loneliness.¹⁹⁰
- 2.62** Professor Astell-Burt and Professor Feng shared extensive research highlighting the link between nature, green space and health, and more specifically the link between nature, green space and loneliness.¹⁹¹ As part a longitudinal study conducted over a four year period, they found that people living in neighbourhoods with at least 30 per cent green space were 26 per cent less likely to experience loneliness in comparison to people who lived in neighbourhoods with less than 10 per cent green space.¹⁹² The study noted that green spaces may provide individuals with opportunities for social connection and solace.¹⁹³

Limited access to third places

- 2.63** A number of participants shared concerns about a lack of 'third places' (also known as 'third spaces') in local communities as contributing to loneliness. Third places are settings in which people can interact with others outside of their home and work settings, where people can

¹⁸⁸ Evidence, Professor Xiaoqi Feng, Professor of Urban Health and Environment, University of New South Wales School of Population Health, and Founding Co-Director, Population Wellbeing and Environment Research Lab (PowerLab), 6 February 2025, p 37.

¹⁸⁹ Submission 140, Combined Pensioners and Superannuants Association of NSW, p 16.

¹⁹⁰ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 16.

¹⁹¹ Answers to Question on Notice, Professor Thomas Astell-Burt and Professor Xiaoqi Feng, 6 March 2025, p 1.

¹⁹² Thomas Astell-Burt et al, 'More green, less lonely? A longitudinal cohort study', *International Journal of Epidemiology*, 2022, p 100.

¹⁹³ Thomas Astell-Burt et al, 'More green, less lonely? A longitudinal cohort study', *International Journal of Epidemiology*, 2022, p 106.

gather, socialise and build connections.¹⁹⁴ Common examples of third places include community centres, cafes, libraries, pubs, clubs, parks and other gathering places.¹⁹⁵

2.64 The concept of a third place was developed by Ray Oldenburg, an urban sociologist, and includes the following features:

- it is a neutral ground, with participants having little or no obligation to be there
- it is a leveller, with no importance given to socioeconomic status
- conversation is the main activity, often involving light-hearted and good-natured interactions
- it is accessible and accommodating, so easy to get to, enter and feel satisfied in
- there are regulars present who provide a positive tone and mood, and are welcoming and appealing to newcomers
- it has a low profile, providing a wholesome, unpretentious, accepting and inclusive feel
- overall it has a playful mood, without tension and hostility
- it is considered a home away from home, encompassing feelings of warmth, belonging, and revival.¹⁹⁶

2.65 Professor JR Baker, Chair, Australian Social Prescribing Institute of Research and Education, highlighted that the closure of existing third places, for commercial benefit, leaves community members disconnected, excluded, and lonely:

[T]hese places keep disappearing, not because they're not needed but because our system often values commercial returns more than civic wealth. But every lost club, every closed hall, every bulldozed gathering space is another crack in our social infrastructure. This cost isn't just measured in dollars; it's measured in the pain of loneliness, disconnection and exclusion in the people left behind when community vanishes. Once these places are gone, where do people go?¹⁹⁷

2.66 Additionally, Mr Andrew Johnson, Acting Chief Executive Officer, Youth Action, advised the committee that a recent study of 1,000 young people across New South Wales found that 85 per cent of young people want more investment in safe, inclusive spaces and activities for young people.¹⁹⁸ In their submission, Youth Action explained to the committee that a lack of youth friendly spaces limits young people's opportunities to connect with their peers outside of school, which contributes to social isolation:

¹⁹⁴ Submission 124, St Vincent de Paul Society, p 4-6; Submission 11, Little BIG Foundation, p 7; Submission 44, St John's Cathedral, Brisbane, p 58. See also: Evidence, Associate Professor JR Baker, Chair, Australian Social Prescribing Institute of Research and Education, 6 February 2025, p 18.

¹⁹⁵ Submission 103, Australian Association of Psychologist Inc., p 2; Submission 124, St Vincent de Paul Society, p 3-6; Evidence, Mr Andrew Greig, LEUT, RAN (Ret.), Coordinator, Bellum Est (formerly Western PTSD Support), 7 February 2025, p 15; Evidence, Associate Professor Baker, 6 February 2025, p 17; Submission 44, St John's Cathedral, Brisbane, p 58.

¹⁹⁶ Submission 44, St John's Cathedral, Brisbane, p 58.

¹⁹⁷ Evidence, Associate Professor Baker, 6 February 2025, p 16.

¹⁹⁸ Evidence, Mr Andrew Johnson, Acting Chief Executive Officer, Youth Action, 12 December 2024, p 37.

Many young people feel that there are few free and accessible options for them to engage with their peers outside of structured environments like school. The absence of these spaces can contribute to social isolation, especially for those who may not have strong connections within their immediate community or whose social lives are limited to online spaces.¹⁹⁹

Rural and remote communities

- 2.67** The committee heard that experiences of loneliness that are influenced by the way in which communities are designed may be compounded in rural and remote communities due to a lack of access to reliable transport and digital infrastructure.²⁰⁰ The reduced physical connectivity in rural communities was highlighted by Mr Andrew Connolly, Policy Manager, Country Women's Association of New South Wales, who also explained that many people in his stakeholder group also lack the digital skills or indeed devices to connect with others via technology:

We take for granted that we can hop on a train and we can go from one suburb to another. In rural environments, you can't. That connectivity is lost in many cases when somebody gives in their licence, if they get older or those kinds of things. [...] It's great to have [digital] connectivity, but if you've not got the skills to be able to engage with that technology then you're at a loss. Many of our women respond, "We'd love to be a part of this, but we actually haven't got the skills to be a part of it or the technology to be a part of it."²⁰¹

- 2.68** Ms Maryanne Maher, National President, VIEW Clubs of Australia observed that a lack of transportation in regional and rural area is a particular issue for older people living who don't drive, stating, 'As people tend to get older, they don't like to drive, so therefore they don't tend to go places to connect if there are no [transport] services'.²⁰² A respondent to the committee's online questionnaire also noted that a lack of accessible transport, poor access to information, and low digital engagement are all significant issues for older people:

For many, a lack of accessible transport and information about activities can create barriers to engaging with the community. This is especially true for older residents who may struggle to navigate unfamiliar areas or feel unsafe going out alone. Additionally, the rise of technology can complicate social connections. Many seniors are not tech-savvy and find it challenging to access online resources, which further isolates them.²⁰³

- 2.69** In addition to a lack of access to reliable transport and digital infrastructure, participants flagged notable risk factors in rural and remote communities including geographical isolation, natural disasters, bereavement, caregiving responsibilities, economic hardship, lack of access to services and supports, life transitions including relationship breakdown, and isolated working conditions

¹⁹⁹ Submission 121, Youth Action, p 7.

²⁰⁰ Evidence, Ms Maryanne Maher, National President, VIEW Clubs of Australia, 12 December 2024, p 19.

²⁰¹ Evidence, Mr Andrew Connolly, Policy Manager, Country Women's Association of New South Wales, 12 December 2024, p 21.

²⁰² Evidence, Ms Maher, 12 December 2024, p 19.

²⁰³ Standing Committee on Social Issues, *Online questionnaire report: Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, p 6.

such as in farming.²⁰⁴ The perspectives of people in rural and remote communities, as described by participants in the committee's two roundtable discussions in Orange, are documented in more detail in chapter 6.

Risk factors at the population level

- 2.70** On a population level, inquiry participants identified various risk factors for loneliness including economic hardship including unemployment, workplace conditions and culture, natural disasters and the COVID-19 pandemic, declining community participation, and stigma.

Socioeconomic status and financial stability

- 2.71** The committee heard that financial hardship is linked to ongoing and extended periods of loneliness and social isolation. As noted in the chapter 1, those who report financial hardship were almost seven times as likely to report persistent loneliness.²⁰⁵ Professor Lim further advised that irrespective of an individual's age, gender or health status, their perceived or real financial instability is a strong risk factor for loneliness:

When I look at the international data on that, we also see that people from lower socio-economic backgrounds, who are more disadvantaged in terms of income, are disproportionately affected. Even after we account for age, gender, health problems—all of those variables—we still find that people who perceive themselves to be financially unstable or who do not have their financial needs met are almost seven times more likely to experience persistent loneliness. We do not have the detail of why that's the case, but one can hypothesise that being financially strained changes the way, first of all, that we see relationships. It changes our capacity to maintain social relationships—things like time, things like activities.²⁰⁶

- 2.72** The Construction Industry Drug and Alcohol Foundation (CIDAF) explained that 'economic hardship restricts opportunities for social and recreational engagement, leading to marginalisation and exclusion from broader societal participation'.²⁰⁷ CIDAF also noted that economic insecurity creates a 'pervasive sense of powerlessness' as it reduces 'personal autonomy by narrowing life choices, fostering frustration, and reducing individuals' control over their own lives'.²⁰⁸
- 2.73** Similarly, Mr Greg Jennings, Chief Engagement Officer, Beyond Blue, stated in his evidence that individuals experiencing financial distress may withdraw from their community due to embarrassment about their financial situation:

²⁰⁴ See for example: Evidence, Mr Peter Douglas, Member, Borenore Nashdale Community Shed, Australian Men's Shed Association, 7 February 2025, p 36; Evidence, Ms Heather Whigham-Reid, Member, The Rural Woman Cooperative, 7 February 2025, p 36; Evidence, Mrs Pengilly, 7 February 2025, p 3; Evidence, Ms Elizabeth Clark, Partner, Policy, Economics & Public Impact, KPMG Australia, 15 November 2024, p 24; Evidence, Mr Gambian, 15 November 2024, p 13.

²⁰⁵ Submission 55, Ending Loneliness Together, p 8.

²⁰⁶ Evidence, Professor Lim, 15 November 2024, p 6.

²⁰⁷ Submission 38, The Construction Industry Drug and Foundation, p 9.

²⁰⁸ Submission 38, The Construction Industry Drug and Foundation, p 9.

... people are telling us that one of the first things they cut back on when they're experiencing financial distress is connecting with others. They're retreating into themselves. That might be because they're embarrassed, that might be because they don't have the same financial means to connect and to go and participate in activities. But they're telling us that they're kind of withdrawing and looking much more insular than they have in the past.²⁰⁹

2.74 The current cost of living crisis was thus recognised by inquiry participants as a population level risk factor for loneliness as it limits opportunities for people to participate and engage with their community.²¹⁰ For example, batyr's National Youth Advisory Group (NYAG) told the committee that due to the cost of living crisis young people spend much of their time working to make a living and less time connecting with their friends and creating new networks, which 'generates stress, pressure and a general lack of fulfilment'.²¹¹ NYAG further noted that community activities such as sport, music and cultural events have become less accessible for young people due to cost.²¹²

2.75 Participants also highlighted that the cost of living crisis has contributed to declining rates of volunteering, a known protective factor against loneliness further discussed in chapter 4.²¹³ Ms Carly Dober, Policy Coordinator and Psychologist, Australian Association of Psychologists Inc, illuminated how this plays out at the individual level:

...volunteering is expensive. In the cost-of-living crisis, actually getting to a volunteer role when you have to pay for the bus or the train or sometimes you have to put petrol in the car, that is not something that some people can do anymore.²¹⁴

2.76 The CPSA shared the following case study that highlights the financial barriers to social participation experienced by pensioners, compounded by rising costs of living.

Case study: An age pensioner's experience of financial barriers to social participation²¹⁵

Meredith (not her real name) recently contacted CPSA to express her concerns about the inadequacy of pensioner discounts at a number of public venues around Sydney.

While she receives the age pension, all her friends are either self-funded retirees or still in the workforce. Meredith's friends frequently suggest activities that are unaffordable to her, including museum and gallery exhibitions, live performances and classes. While most of the venues offer a pensioner discount on tickets to these activities, the discounts are often negligible, perhaps 10 per cent, and can be quickly eroded by hidden costs like online booking fees, so the activities remain unaffordable for Meredith. Even though many of the venues that host these activities are owned and

²⁰⁹ Evidence, Mr Jennings, 15 November 2024, p 33.

²¹⁰ See for example: Evidence, Ms Jennifer Black, Commissioner, Mental Health Commission of New South Wales, 12 December 2024, p 10; Submission 144, batyr's National Youth Advisory Group, p 3; Submission 112, The Mental Health Coordinating Council, p 13.

²¹¹ Submission 144, batyr's National Youth Advisory Group, p 3.

²¹² Submission 144, batyr's National Youth Advisory Group, p 3.

²¹³ See for example: Evidence, Ms Dober, 15 November 2024, p 15.

²¹⁴ Evidence, Ms Dober, 15 November 2024, p 15.

²¹⁵ Submission 140, Combined Pensioners and Superannuants Association, pp 7-8.

administered by the NSW Government, they are still financially inaccessible to someone in Meredith's position.

This lack of meaningful concessions means that Meredith is forced to opt out of many social engagements, which contributes to a sense of social isolation and loneliness for her. She feels shame or embarrassment when she tells her friends that she cannot join them for social outings, or when she has to ask someone else to help her pay. She feels anxious when friends reach out to plan activities and has lost the excitement that she once had for visiting art galleries and museums.

These social activities are becoming even less affordable in light of the rising costs of housing, groceries, energy and other essentials.

Meredith's circumstances are similar to many pensioners and people on low incomes. The high cost of many social activities, combined with rising living costs prohibits people from participate in activities with friends, and from engaging with many cultural events on offer in their community.

Meredith is made to feel as though social and cultural life is a two-tiered system, and that she is simply unable to enjoy it in the way that her more affluent friends can.

Working conditions and workplace culture

2.77 The committee received evidence concerning the relationship between employment status, working conditions and workplace culture on feelings of loneliness. For example, the University of Sydney's Matilda Centre for Research in Mental Health and Substance Use, advised the committee that research based on data obtained through the Household, Income and Labour Dynamics in Australia (HILDA) survey found that 'men in unstable jobs or facing unemployment experienced higher loneliness levels than those in secure roles'.²¹⁶

2.78 The Matilda Centre also noted that 'insecure "gig" work, with its unpredictable hours and isolating conditions, further disrupts work-life balance and contributes to social isolation'.²¹⁷ Related in part to the previous section on the link between financial distress and loneliness, Dr Marlee Bower, Senior Research Fellow, The Matilda Centre, further explained that while gig work has been associated with greater choice on the part of the worker, it is also associated with reduced opportunities to socialise with family and friends, and an irregular source of income:

People have described living a life where they're always on, never off. ... they're always waiting for work to come, which means they don't feel they have the opportunity to spend time socialising, plan for socialising. They aren't able to plan for the future—like, in a few weekends, have a picnic. Also, the irregular money that's going in means that it's hard to plan for the financial outlay that social connection often requires—money to pay for food, to pay for a movie, for travel, that kind of thing—so it becomes a lot more difficult to live in a way that allows you to have a socially meaningful life.²¹⁸

2.79 Similarly, Ms Jessica Taylor, FoundoBlue Program Supervisor of the Construction Industry Drug and Alcohol Foundation (CIDAF), told the committee about the pressure on construction

²¹⁶ Submission 75, The Matilda Centre, pp 10-11.

²¹⁷ Submission 75, The Matilda Centre, pp 10-11.

²¹⁸ Evidence, Dr Marlee Bower, Senior Research Fellow, The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney, 6 February 2025, p 49.

workers to work extensive overtime, such that they may work 12 to 14 hours a day, six days a week. She spoke of this leaving 'absolutely no time for social connection, not even their time to connect with their families', with the effect of 'burnout, stress, anxiety, depression and family breakdown'.²¹⁹ Her colleague, Mr Alex Kalliris, Program and Clinical Manager with CIDAF, highlighted the impact of the construction industry's workplace culture on relationships in and out of the workplace, observing, 'That's the way that they speak to each other. But if you come home and you speak to your partner and your kids in the same way, you're not going to be met with the same response'.²²⁰

Natural disasters and COVID-19

- 2.80** As another risk factor operating at the population level, some inquiry participants told the committee about the impact of natural disasters and the COVID-19 pandemic on experiences of loneliness and social isolation.
- 2.81** As noted in chapter 1, rates of loneliness were demonstrated to have been exacerbated by the COVID-19 pandemic. The NSW Government submission noted that the pandemic 'significantly changed' people's day-to-day lives and their interactions with other people. In particular, the social distancing measures and restrictions placed on social gatherings 'reduced people's social connectedness; a significant protective factor against experiences of loneliness and isolation'.²²¹
- 2.82** The Office of the Advocate for Children and Young People (ACYP) informed the committee that the COVID-19 pandemic has had a significant and ongoing impact of young people.²²² During the height of the pandemic and following the introduction of lockdown measures, the committee was told that 'the overall life sentiment of children and young people was low, with children and young people consistently reporting feeling negative emotions', including feeling tired (55 per cent), bored (51 per cent), stressed (52 per cent), anxious (46 per cent) and lonely (36 per cent).²²³ Additionally, ACYP noted that, during lockdowns, children and young people were concerned about the impact of the pandemic was having on their social life (70 per cent) and mental health (66 per cent).²²⁴
- 2.83** While the return to school and ending of lockdown measures brought some relief for children and young people, the committee was told that 'reengaging with society did not alleviate feelings of anxiety [44 per cent], stress [51 per cent] and loneliness [26 per cent] ... [and that] overall levels of psychological distress showed only a slight improvement'.²²⁵ Additionally, data obtained

²¹⁹ Evidence, Ms Jessica Taylor, FoundoBlue Program Supervisor, The Construction Industry Drug and Alcohol Foundation, 6 February 2025, p 50.

²²⁰ Evidence, Mr Alex Kalliris, Program and Clinical Manager, The Construction Industry Drugs and Alcohol Foundation, 6 February 2025, p 50.

²²¹ Submission 125, NSW Government, p 13.

²²² Submission 133, Office of the Advocate for Children and Young People, p 5.

²²³ Submission 133, Office of the Advocate for Children and Young People, p 5.

²²⁴ Submission 133, Office of the Advocate for Children and Young People, p 5.

²²⁵ Submission 133, Office of the Advocate for Children and Young People, p 5.

in 2021 found that 26 per cent of children and young people reported 'finding socialising with classmates difficult after being in lockdown'.²²⁶

- 2.84** The ongoing consequences of the COVID-19 pandemic were also highlighted by batyr's National Youth Advisory Group who explained that the pandemic impacted the development of social skills necessary to form meaningful social relationships:

The increased period of forced social isolation still affects young people today. Not only did this time lead to fewer opportunities for fostering and expanding social networks, but it also impacted young people's ability to learn and put social skills into practice. For young people who endured the pandemic during a transition period (for example, starting high school, completing high school or starting university) the strain of building relationships within such isolated constraints has perpetuated loneliness even until today.²²⁷

- 2.85** In relation to natural disasters, Mr Martin Blake, Chairman of the Groundswell Foundation, advised the committee that while communities often come together when there is a crisis, the displacement and financial distress attached to disasters and drought can 'create an environment for loneliness to flourish'.²²⁸ Further to this, Mrs Elizabeth Clark, Partner, Policy, Economics and Public Impact, KPMG Australia, spoke of the significant longer term economic and social impacts that droughts have had in farming communities:

The cyclical nature of farming has seen kind of an erosion of the profitability leading to aggregation of farms. You've got less families because you've got larger farms. Where there might have been five families before, there's only one. So that's five less families in the community, and so less opportunity for social engagement. That's one of the consequences of the economics of agriculture.²²⁹

Declining community participation and volunteering

- 2.86** A number of participants raised concerns about an observable decline in community participation, memberships and volunteering as a change that has occurred at the population level. This can be conceptualised as a risk factor operating at that level.
- 2.87** These stakeholders shared the understanding that community participation including volunteering and membership with local organisations are well established protective factors against loneliness as they build connections with others and provides individuals with a sense of purpose and belonging.
- 2.88** Mrs Helen Miller, General Manager, In-Home Support Services, Live Better, told the committee that each year the number of participants involved in local community groups has declined, and this trend has been associated with social isolation, health issues and poorer outcomes.²³⁰

²²⁶ Submission 133, Office of the Advocate for Children and Young People, p 5.

²²⁷ Submission 144, batyr's National Youth Advisory Group, p 3.

²²⁸ Evidence, Mr Blake, 15 November 2024, p 24.

²²⁹ Evidence, Mrs Clark, 15 November 2024, p 24.

²³⁰ Evidence, Mrs Helen Miller, General Manager, In-Home Support Services, Live Better, 7 February 2025, p 21.

- 2.89** Likewise, Mr Greg Jennings, Chief Engagement Officer, Beyond Blue, observed the decline in community participation and volunteering as a cause for concern, noting their value in providing a sense of belonging:

We have seen a decline in community participation in a variety of areas in terms of volunteering, in terms of participation in local clubs, in terms of participation in religious activities, in political activities, in unions. So all of these formal organisations where people used to find a sense of belonging or a tribe we're seeing participation rates decline.²³¹

Stigma and shame

- 2.90** Many inquiry participants told the committee that the stigma attached to loneliness is a key risk factor for the development of chronic loneliness. In doing so, they noted that stigma discourages individuals from taking action or seeking help, which enables feelings of loneliness to persist.²³² As stigma is attached to community attitudes, it is documented here as a population level risk factor.

- 2.91** Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together, and Associate Professor, Prevention Research Collaboration, University of Sydney, explained to the committee that many people 'actively conceal' their loneliness and don't reach out for help:

What we do know is that there is a huge amount of stigma around loneliness. About one in two Australians who do feel lonely actively conceal their loneliness and do not want people to know that they feel lonely. Because they are actively concealing and not getting the help they need, that is where we actually get into the risk of developing persistent loneliness.²³³

- 2.92** Mr Gambian highlighted the internalised shame that is the corollary of the stigma attached to loneliness,²³⁴ while Mr Phil McAuliffe, Founder of Humans:Connecting, further illuminated how that stigma prevents people from talking about loneliness, which thus perpetuates itself:

The stigma prevents us from talking openly about it because, if we do talk openly about it and we admit our loneliness, we risk judgement. We risk the thing that we fear, which is further rejection and to be thought of as broken and somehow not worthy of love and belonging. That's a very big thing to admit and, because we don't talk about it openly, that feeds the stigma.²³⁵

- 2.93** In addition to the shame attached to loneliness, the committee heard that loneliness and social isolation may be driven by experiences of stigma and discrimination associated with mental

²³¹ Evidence, Mr Jennings, Chief, 15 November 2024, p 32.

²³² See for example: Evidence, Professor Lim, 15 November 2024, p 6; Evidence, Mrs Pitman, 15 November 2024, p 26.

²³³ Evidence, Professor Lim, 15 November 2024, p 6.

²³⁴ Evidence, Mr Gambian, 15 November 2024, p 9.

²³⁵ Evidence, Mr Phil McAuliffe, Founder, Humans:Connecting, 6 February 2025, p 13.

health, financial status, age, race, gender, sexual orientation, and disability.²³⁶ For example, the Mental Health Commission of NSW advised the committee that 77 per cent of people in New South Wales with recent lived experience of mental health conditions conceal their condition in anticipation of stigma.²³⁷ The Commission told the committee that this contributes to social withdrawal and disconnection, and enables the development of chronic loneliness:

This behaviour of avoidance, driven by fear and stigma, can gradually lead to deeper social withdrawal and isolation, turning transient feelings of loneliness into chronic loneliness as individuals distance themselves from vital social and support networks.²³⁸

- 2.94** Witness A told the committee that Autistic people often encounter challenges when communicating with others, which contributes to them feeling misunderstood. On top of this, Autistic people often experience vilification and rejection due to ableist beliefs, which causes them to withdraw even more and has been associated with elevated risks of suicide:

... you already feel lonely because you feel misunderstood when you are autistic because your condition impacts communication. But then, when people vilify you and reject you and then repudiate you and you have no support systems for that whatsoever and then you look at other States and Territories where your counterparts do have supports and services, you start to blame yourself and you withdraw further. The more you withdraw, the harder it is to engage. It's a perpetuating cycle that I think eventuates in the statistic that Autistic people without intellectual disability are seven times more likely to experience suicidality. It's sobering.²³⁹

- 2.95** Further to this, Witness B highlighted that negative attitudes towards autism also have flow on consequences for families, leading to the whole family being socially isolated:

It's reported that over 47 per cent of families then also don't go out because of the stigma that is associated with having a child with autism. And then, with the statistic that shows that over 71 per cent of autistic children stay with their parents till their parents are over 70, it indicates you have a whole family environment that is not getting out and are socially isolated. That impacts, of course, mental health and it impacts on economic participation and social participation. So, there is a flow-on effect for the whole family.²⁴⁰

Intersectionality of risk factors

- 2.96** The risk factors associated with loneliness that have been identified in this chapter are in no way mutually exclusive, and in some cases, individuals may experience multiple risk factors at once.

²³⁶ See for example: Evidence, Mr Jennings, 15 November 2024, p 33; Submission 78, Multicultural Communities Council NSW, p 2; Submission 69, Mental Health Commission of NSW, p 12; Submission 128, NSW Ageing and Disability Commission, p 7; Evidence, Harshitha Peddireddy, Administrative Officer, South Asian Research and Advocacy Hub (SARAH), 12 December 2024, p 55.

²³⁷ Submission 69, Mental Health Commission of NSW, p 12.

²³⁸ Submission 69, Mental Health Commission of NSW, p 12.

²³⁹ *In camera* evidence, Witness A, 6 February 2025, p 6, published by resolution of the committee.

²⁴⁰ *In camera* evidence, Witness B, 6 February 2025, p 6, published by resolution of the committee.

Relationships Australia NSW noted the importance of understanding the particular challenges experienced by the broad spectrum of high risk groups:

Understanding the unique challenges faced by these high risk groups is essential for targeted interventions. These groups often face compounded loneliness due to intersecting forms of discrimination and marginalisation. Systemic inequalities prevent them from fully participating in Australian social, cultural, and economic life, leaving them isolated and at heightened risk of loneliness.²⁴¹

2.97 Further to this, Relationships Australia NSW highlighted several high risk groups that experience this compounding effect, based on research they had conducted. These included:

- young people, particularly those who are unemployed or receiving income support
- single parents, particularly single fathers who have limited social supports
- widowed adults and bereaved individuals, particularly young widows
- people in regional, rural and remote areas, whose have limits access to social services and community activities, as well poor digital connectivity
- Aboriginal and Torres Strait Islander communities, caused by systemic barriers and intergenerational trauma
- culturally and linguistically diverse groups, linked to complex trauma backgrounds, refugee and migration experiences, and systemic barriers
- victim-survivors of domestic, family and sexual violence, with social isolation now well recognised as tactic of coercive control
- people experiencing complex grief, trauma and intergenerational disadvantage, including marginalised communities and survivors of abuse
- individuals facing homelessness or housing instability, who experience both financial hardship and disruption to their social networks
- members of the LGBTQIA+ community, linked to experiences of stigma, marginalisation and discrimination.²⁴²

2.98 Some of these challenges are further explored in the following chapter on the impacts of loneliness.

Committee comment

2.99 The previous chapter listed the range of population groups that inquiry participants highlighted as most at risk of serious or persistent loneliness and set out the data on prevalence in respect those groups (see paragraphs 1.35-1.68). This chapter has taken a different lens and documented in detail the complex array of risk factors associated with loneliness, as discussed by inquiry participants.

²⁴¹ Submission 72, Relationships Australia NSW, p 7.

²⁴² Submission 72, Relationships Australia NSW, pp 7-8.

- 2.100** Based on the evidence set out in this chapter, the committee makes a number of important findings about the risk factors for loneliness. First, the committee finds that socioeconomic disadvantage and perceived financial hardship are strongly associated with ongoing and extended periods of loneliness and social isolation. Individuals experiencing financial hardship are almost seven times more likely to report persistent loneliness, irrespective of their age, gender or health status. This is likely to be linked to financial barriers that prevent people from participating in social activities, for example, not being able to afford to go out for coffee or lunch, to attend a concert or music festival, to join a sporting or social club, or to visit an art gallery or museum. It is also likely to be linked to feelings of shame and embarrassment about personal circumstances, causing individuals to further retreat 'into themselves'.

Finding 1

That socioeconomic disadvantage and perceived financial hardship are proving a barrier to social connectedness and as such are strongly linked to ongoing and extended periods of loneliness and isolation at rates almost seven times higher than other variables.

- 2.101** Consistent with this, the committee finds that intersecting risk factors, discrimination and marginalisation may have compounding effects on experiences of loneliness especially where systemic inequities prevent an individual from fully participating in their community. This is especially true for cohorts identified by stakeholders as being most at risk of loneliness and social isolation in chapter 1, and those cohorts identified by Relationships Australia NSW in this chapter.

Finding 2

That intersecting risk factors, discrimination and marginalisation may have compounding effects on loneliness, particularly in cases where systemic inequities prevent full participation in society.

Chapter 3 Impacts of loneliness

The committee heard that loneliness is a public health issue that many Australians identify with, however its effects remain widely unrecognised.²⁴³ An increasing body of evidence, both within Australia and globally, is illuminating the significant and wide-ranging impacts of loneliness,²⁴⁴ in turn pointing to the substantial consequences for individuals and the broader community if loneliness is not addressed. Thus, the imperative to ameliorate the range of impacts was a key message across the range of inquiry participants.

This chapter documents the key impacts of loneliness on people's lives. First, it explores the impacts on individuals' physical and mental health, including the relationship between loneliness and suicide. Next it examines the impacts of loneliness on the social dimension of people's lives, including in respect of education and employment, problematic social behaviours, and antisocial behaviour and extremism. It then explores the economic costs of loneliness to broader society.

Health impacts

3.1 Loneliness is associated with a range of mental and physical health concerns.²⁴⁵ This association was widely accepted by inquiry participants.²⁴⁶ As discussed in chapter 1, it is important to note that whilst loneliness can be the cause of physical and mental health concerns, the reverse may also be true.²⁴⁷ In addition, the negative impacts of loneliness can compound and lead to further negative impacts which reinforce feelings of loneliness.²⁴⁸ The risk factors for loneliness, including in respect of physical and mental health, were explored in detail in chapter 2.

3.2 Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together, University of Sydney, advised the committee that she and her colleagues are researching 'the mechanism of the pathways from loneliness and isolation to mortality and poor health', and explained this mechanism further:

[L]oneliness is really experienced in the brain as a biopsychosocial stressor. When we are physiologically stressed out, we will also then have that impact on our psychological health, and we are less incentivised to keep healthy. ... Therefore, if we are lonely and we do not address those things properly and we do not have the resources around us

²⁴³ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 9.

²⁴⁴ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, pp 6 and 9.

²⁴⁵ Submission 125, NSW Government p 8.

²⁴⁶ Submission 125, NSW Government, p 18; Submission 15, Country Women's Association of NSW, p 4; Submission 22, Australian College of Nurse Practitioners (ACNP), p 4; Submission 112, Mental Health Coordinating Council (MHCC), p 8; Submission 6, The Rural Woman Cooperative, p 2; Submission 69, Mental Health Commission of NSW, p 11; Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, pp 9-10.

²⁴⁷ Submission 125, NSW Government, p 8.

²⁴⁸ Submission 69, Mental Health Commission of NSW, pp 11, 13; Tabled document, Professor Sharon Lawn, Executive Director, Lived Experience Australia, *Understanding loneliness and mental health*, 2022, p 25.

to help us, that is when it leads to high mortality and high morbidity of health disorders.²⁴⁹

Impacts on physical health

- 3.3** The link between social connectedness and physical health is well established in scientific research.²⁵⁰ Highlighting the seriousness of loneliness as a risk factor, the 2022 *Connections Matter* literature review by the Groundswell Foundation and KPMG summarised the evidence to note:

Loneliness is a significant risk factor for poor physical health, decreased quality of life and is associated with a 26 percent increased risk of mortality. For those who are socially isolated, this risk increases to 29 percent. These mortality risks have been found to be stronger than the risks associated with obesity and physical inactivity ... Loneliness is reported to have health effects equivalent to drinking six alcoholic drinks or smoking 15 cigarettes per day'.²⁵¹

- 3.4** The following physical health conditions have been linked to loneliness:

- premature death²⁵²
- increased risk of cancer, cardiovascular diseases, cholesterol and autoimmune diseases, and diabetes²⁵³
- high blood pressure and weakened immune function²⁵⁴
- increased risk of cognitive decline, inflammation and neurological conditions such as dementia and Alzheimer's disease²⁵⁵
- obesity and physical inactivity.²⁵⁶

²⁴⁹ Evidence, Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together, University of Sydney, 15 November 2024, p 5.

²⁵⁰ Submission 125, NSW Government, p 8.

²⁵¹ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 9. See also: Evidence, Ms Elizabeth Clark, Partner, Policy, Economics and Public Impact, KPMG Australia, 15 November 2024, p 19.

²⁵² Submission 125, NSW Government, p 18; Submission 15, Country Women's Association of NSW, p 4; Submission 112, Mental Health Coordinating Council (MHCC), pp 1 and 7.

²⁵³ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 9; Submission 125, NSW Government, p 8; Submission 22, Australian College of Nurse Practitioners (ACNP), p 4; Submission 112, Mental Health Coordinating Council (MHCC), p 8; Submission 6, The Rural Woman Cooperative, p 2; Submission 69, Mental Health Commission of NSW, p 11.

²⁵⁴ Submission 125, NSW Government, p 8; Submission 15, Country Women's Association of NSW, p 4; Submission 112, Mental Health Coordinating Council (MHCC), p 7; Submission 69, Mental Health Commission of NSW, p 11.

²⁵⁵ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 9; Submission 112, Mental Health Coordinating Council (MHCC), p 10.

²⁵⁶ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 9; Submission 103, Australian Association of Psychologists Inc, p 4.

- 3.5** Conversely, a growing body of evidence connects social relationships to improved physical health outcomes.²⁵⁷ According to the Australian Association of Psychologists Inc (AAPi) 'individuals with strong social relationships tend to experience better sleep, lower blood pressure and enhanced immune function'.²⁵⁸ Evidence also suggests that 'social connections help regulate stress responses, which is vital in maintaining long-term health'.²⁵⁹ In addition, 'strong social networks are associated with a lower risk of chronic illnesses, such as heart disease, stroke, and diabetes, and are shown to improve recovery rates from illness or surgery'.²⁶⁰
- 3.6** The NSW Government submission also cited these findings, together with evidence that people with supportive social networks are likely to engage in healthy behaviours such as regular exercise and maintaining a healthy diet.²⁶¹ The NSW Government concluded that 'these findings highlight the importance of social connections for maintaining and improving physical health, and the value of public health strategies that promote social engagement and support'.²⁶²

Impacts on mental health

- 3.7** Noting again the two-way relationship between loneliness and mental health, the following mental health conditions have been linked to loneliness:
- anxiety (including social anxiety) and panic attacks²⁶³
 - paranoia and psychosis²⁶⁴
 - depression²⁶⁵ and feelings of worthlessness or hopelessness²⁶⁶
 - self-neglect and hoarding²⁶⁷
 - suicidal ideation and behaviour.²⁶⁸

²⁵⁷ Submission 103, Australian Association of Psychologists Inc, p 4.

²⁵⁸ Submission 103, Australian Association of Psychologists Inc, p 4.

²⁵⁹ Submission 103, Australian Association of Psychologists Inc, p 4.

²⁶⁰ Submission 103, Australian Association of Psychologists Inc, p 4.

²⁶¹ Submission 125, NSW Government, pp 8-9.

²⁶² Submission 125, NSW Government, p 9.

²⁶³ Submission 15, Country Women's Association of NSW, p 4; Submission 22, Australian College of Nurse Practitioners (ACNP), p 4; Submission 111, Mental Health Carers NSW Inc, p 10; Submission 103, Australian Association of Psychologists Inc, p 4.

²⁶⁴ Submission 22, Australian College of Nurse Practitioners (ACNP), p 4; Submission 69, Mental Health Commission of NSW, p 10.

²⁶⁵ Submission 11, Little BIG Foundation, p 6; Submission 103, Australian Association of Psychologists Inc, p 5; Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 10.

²⁶⁶ Submission 22, Australian College of Nurse Practitioners (ACNP), p 5.

²⁶⁷ Submission 128, NSW Ageing and Disability Commission, p 8.

²⁶⁸ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 10; Submission 25, Olga Tennison Autism Research Centre, p 10; Submission 91, Suicide Prevention Australia, p 2.

- 3.8** The Mental Health Commission of NSW advised that data from its community wellbeing surveys revealed 'a correlation between higher rates of loneliness and those who experience greater psychological distress, poorer mental health and thoughts of ending one's life'.²⁶⁹ The Commission also noted research indicating that loneliness 'predicts a rise in depressive symptoms, perceived stress, fear of negative judgement, anxiety, and anger, while lowering optimism and self-esteem'.²⁷⁰
- 3.9** Similarly, Ending Loneliness Together advised that 'people who are lonely are 4.6 times more likely to report clinical levels of depression, 4.1 times more likely to report social anxiety, and 5.2 times more likely to report poor wellbeing'.
- 3.10** The Mental Health Commission observed that its findings imply that 'a sense of social connection acts as a foundation for one's sense of self, and when that foundation is weakened, other aspects of the self are affected'.²⁷¹ The NSW Government confirmed that these results 'highlight the importance of social connection for individual's mental health and wellbeing'.²⁷²
- 3.11** According to the AAPi, 'In young people, the mental health impacts of isolation are particularly acute, often manifesting in low self-esteem, increased suicidal ideation, and a decline in academic performance. Among the elderly, loneliness can lead to cognitive decline and an increased risk of developing dementia'.²⁷³ With respect to older people and adults with disability, the NSW Ageing and Disability Commission noted that social isolation is a factor in a significant number of reports about self-neglect, squalor and hoarding. It explained that 'living alone without social connections or meaningful activities can adversely affect individuals' motivation to leave their home and take care of themselves and their living environments'.²⁷⁴

Suicidal ideation and behaviour

- 3.12** Loneliness is a known risk factor for suicidal ideation and behaviour.²⁷⁵ According to the Mental Health Commission, suicidal ideation increases significantly from 6 per cent among those not experiencing loneliness to 42 percent among those who do.²⁷⁶ Evidence shows that some demographics are at higher risk of suicide, such as young adults, First Nations people, people with autism, and the LGBTQIA+ community.²⁷⁷
- 3.13** Suicide Prevention Australia reported that 'there is a significant amount of international research linking loneliness with suicide'.²⁷⁸ It noted that whilst the Australian data and research in this

²⁶⁹ Submission 69, Mental Health Commission of NSW, p 10.

²⁷⁰ Submission 69, Mental Health Commission of NSW, p 10.

²⁷¹ Submission 69, Mental Health Commission of NSW, p 10.

²⁷² Submission 125, NSW Government, p 7.

²⁷³ Submission 103, Australian Association of Psychologists, p 4.

²⁷⁴ Submission 128, NSW Ageing and Disability Commission, p 8.

²⁷⁵ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 10; Submission 91, Suicide Prevention Australia, p 26.

²⁷⁶ Submission 69, Mental Health Commission of NSW, p 10.

²⁷⁷ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 10; Submission 143, Australian Autism Alliance, p 9.

²⁷⁸ Suicide Prevention Australia, 'Socio-economic and Environmental Determinants of Suicide: Background paper', August 2023, p 27.

space is limited, Suicide Prevention Australia's 2024 State of the Nation Survey identified loneliness and social isolation as one of the top-rated risks of suicide.²⁷⁹

- 3.14** In addition, Suicide Prevention Australia highlighted the experiences of loneliness and suicide amongst men, older adults and young people. It informed the committee that data obtained from *Ten to Men: The Australian Longitudinal Study on Male Health* found that men who do not have close friends or relatives were two times more likely to experience suicidal ideation.²⁸⁰ Additionally, the peak body referred to a study undertaken with older Australian adults, which found that 'poor social support and living alone is associated with having suicidal ideation'.²⁸¹
- 3.15** Turning to the experiences of children and young people, international research has demonstrated that children who experience loneliness in 'middle childhood are more likely to demonstrate suicidal behaviours in their teenage years'.²⁸²
- 3.16** The Australian Autism Alliance cited research indicating that 'autistic people experience loneliness and social isolation more acutely and more frequently than their neurotypical peers, which potentiates their heightened risk of self-harm and suicidal ideation'.²⁸³
- 3.17** In evidence, Witness A, provided alarming statistics with respect to the autistic people and suicide:

For example, 66 per cent of recently diagnosed autistic adults have thought of suicide; 35 per cent had made plans or attempts. In addition to that, autistic people have a life expectancy of 20 to 36 years shorter than that of the general population, with over two times mortality rate and suicide being the number one cause of death for that cohort, according to the bipartisan report of the Senate Select Committee on Autism.²⁸⁴

Social impacts

- 3.18** A number of social impacts associated with loneliness emerged from the evidence before the committee including problematic social behaviours, anti-social behaviour and education and employment.

Problematic social behaviours

- 3.19** The Connections Matter report summarised the evidence base on the interrelationship between loneliness and more risky social behaviours:

²⁷⁹ Submission 91, Suicide Prevention Australia, p 1.

²⁸⁰ Submission 91, Suicide Prevention Australia, pp 1-2; Suicide Prevention Australia, 'Socio-economic and Environmental Determinants of Suicide: Background paper', August 2023, p 27.

²⁸¹ Suicide Prevention Australia, 'Socio-economic and Environmental Determinants of Suicide: Background paper', August 2023, p 26.

²⁸² Suicide Prevention Australia, 'Socio-economic and Environmental Determinants of Suicide: Background paper', August 2023, p 26; Evidence, Rebekah Henricksen, Director of Government Relations, Suicide Prevention Australia, 15 November 2024, p 9.

²⁸³ Submission 143, Australian Autism Alliance, p 9.

²⁸⁴ *In camera* evidence, Witness A, 6 February 2025, p 2, published by resolution of the committee.

The negative impacts of loneliness on social behaviours can compound and reinforce feelings of loneliness. For example, in young adults, loneliness has been linked to aggressive or bullying behaviour, heavy internet usage and problematic social media use. Aggressive behaviour is a barrier to establishing healthy social relationships that are crucial for reducing loneliness, while heavy internet use is related to poorer social skills. The importance of social skills in mitigating loneliness has been previously described.

Loneliness is similarly a risk factor for problem gambling behaviour. Research shows that some people may begin gambling to cope with feelings of loneliness. However, problem gambling can cause further loss of meaningful relationships. Hence, loneliness not only is associated with damaging social behaviours but, in turn, these behaviours can reinforce feelings of loneliness.²⁸⁵

- 3.20** The Construction Industry Drug and Alcohol Foundation also highlighted the evidence on loneliness as a contributing factor for problem gambling, particularly among vulnerable groups such as young people, women and older people. Similarly, it noted the two way association between loneliness and misuse of drugs and alcohol.²⁸⁶ It provided the case study of MJ set out below, who uses drinking to numb feelings of loneliness.

Case study - MJ²⁸⁷

MJ is a 38-year-old construction worker who has recently gone through a difficult separation from his partner of 15 years. The couple had been married for 12 years and have two kids together. MJ's long hours at work (10 hours a day, 6 days per week) contributed to the breakdown in MJ's marriage, having little time to participate in family and domestic life.

MJ reports having had close friends in his late teens and early 20's, but the demands of a career intensified when he married and had children, due to financial pressures of a family and metropolitan living. MJ's wife maintained the social health of the family – arranging family events, facilitating playdates with their kids and friends, as well as maintaining on-going social connection with mutual friends.

The sense of loss and grief from the relationship breakup has also left MJ with a deep emotional void. He is experiencing symptoms of depression, including sadness, loss of interest in activities he once enjoyed, and trouble sleeping. MJ also expressed feeling abandoned and unsure of how to rebuild his social life, as many of his friends were shared with his ex-partner, and he now avoids social gatherings that remind him of his past relationship. MJ has tried to reconnect with old friends, but many have their own families or commitments, making it difficult to re-establish those relationships. He's also hesitant to explore new social groups, unsure of where to begin at this stage in his life.

MJ's work environment contributes to his isolation. Construction work often involves long hours on-site, and while MJ enjoys the physical labour and satisfaction of completing projects, it doesn't provide many opportunities for deep, personal connections. His colleagues are cordial, but the work culture is not conducive to forming friendships. Many of them have their own families and commitments, and MJ feels reluctant to open up about his emotional struggles, fearing that it might be perceived as weakness in a male-dominated industry.

²⁸⁵ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 10.

²⁸⁶ Submission 38, The Construction Industry Drug and Alcohol Foundation, pp 17-19.

²⁸⁷ Submission 38, The Construction Industry Drug and Alcohol Foundation, pp 13-14.

MJ's work environment is physically demanding and socially isolating, which has compounded his sense of loneliness. Working long hours on construction sites often leaves him physically exhausted and restricts his social interactions outside of work. Most of his colleagues are friendly but tend to keep interactions brief and work-related. Occasionally, MJ turns to alcohol to unwind, particularly on weekends when he feels most isolated. While he doesn't consider himself to have a drinking problem, he admits that it has become a more regular part of his life since the separation. Drinking helps him numb the loneliness temporarily, but he acknowledges that it doesn't solve the underlying issues.

Anti-social behaviour and extremism

- 3.21** Some inquiry participants addressed the way that loneliness can lead to anti-social behaviour expressed through extremism.
- 3.22** Humans:Connecting observed that, 'Loneliness weakens social cohesion. There is growing public discourse about the link between loneliness, forlornness and political and social extremism. Our need to feel seen and heard and to feel that we belong to something greater than ourselves can attract us to join social groups – from community organisations to extremist groups'. It went on to note that the role that loneliness plays in nurturing extremism can be hidden within discussion of other factors such as social exclusion, social disconnection and lack of belonging.²⁸⁸
- 3.23** The corrosive effects of loneliness on society are the focus of a number of articles brought to the attention of the committee. One of these, by the academic and author Noreena Hertz, noted that the link between loneliness and the 'politics of intolerance' was first written about many decades ago, by the philosopher and Holocaust survivor Hannah Arendt in 1951, who observed that for people characterised by 'isolation and lack of normal social relationships ... it is through surrendering their individual selves to ideology that [they] rediscover their purpose and self respect'.²⁸⁹ Hertz goes on to explore the way in which this phenomenon is actually exploited by populist leaders and extremist forces:

It is here that the manipulation of loneliness and isolation by populists takes on its ugliest and most divisive form. By reinforcing their followers' sense of abandonment and marginalisation and setting this against an apparent political favouring of people unlike them — typically immigrants and sometimes simply people of a different religion or colour — populists' fear-mongering revs up emotions, anxiety and insecurity and manipulates ethnic and religious difference to garner allegiance and support.²⁹⁰

²⁸⁸ Submission 62, Humans:Connecting, p 11.

²⁸⁹ Hannah Arendt, *The Origins of Totalitarianism*, 1951, quoted by Noreena Hertz, 'Why loneliness fuels populism', *Financial Times*, 12 September 2020.

²⁹⁰ Noreena Hertz, 'Why loneliness fuels populism', *Financial Times*, 12 September 2020. See also: V (formerly Eve Ensler), 'The forces of loneliness can cause political instability. And threaten democracy', *The Guardian*, 5 September 2024; Leah Hunt-Hendrix and Astra Taylor, 'Alienation and loneliness', *Solidarity: The Past, Present and Future of a World-Changing Idea*, Knopf, 2024, pp 151-161; Alexander Langenkamp and Simon Bienstman, 'Populism and layers of social belonging: Support of populist parties in Europe', *Political Psychology*, Vol 43, No 5, 2022, pp 931-949.

- 3.24** The committee asked representatives of the Top Blokes Foundation about the nexus between social isolation of young men and the predisposition to embrace extremism. Dr Christina Jarron, Research and Evaluation Manager, explained the link and underscored the profound consequences for individuals and communities:

Social isolation and feelings of loneliness, we understand, can make young people more vulnerable to being exposed to and influenced by extremism. We know this is an issue that has been in the media a lot lately. I think this happens with young people because there are lot of emotional and cognitive processes that happen during that adolescent period. A sense of belonging, a sense of connection and a strong sense of identity are protective factors, but they also might be weaker in people of that age group. In this respect, social isolation and loneliness can contribute to a person's radicalisation or exposure to extremist content, and obviously has massive impacts on individuals and communities.²⁹¹

Impacts on education and employment

- 3.25** Orygen addressed the impact of loneliness on young people's education and employment, stating, 'Young people experiencing loneliness are less likely to be engaged in education, employment, or training. This can reduce their confidence in employment potential, and loneliness in adolescence has been shown to predict unemployment later in life'.²⁹²
- 3.26** Orygen further noted that the association between poorer education and employment outcomes impact young people's long term social and economic prosperity. For instance, a young person who feels lonely during secondary school is more likely to experience health challenges that limit their work capacity, affecting their personal earning capacity, as well as wider productivity and economic stability.²⁹³

Economic costs

- 3.27** Many inquiry participants agreed that calculating the cost of loneliness is challenging.²⁹⁴ 'The NSW Government explained that this is due to the fact that 'the costs of loneliness extend beyond the individual, to the health system, those providing care, and to broader society'.²⁹⁵ 'The impacts of loneliness are wide-ranging, vary across different demographics, and the associated costs of loneliness are often indirect, therefore, it can be difficult to obtain reliable data to accurately calculate the economic impacts.²⁹⁶ In addition the 'relationship between experiences of loneliness and ... health conditions makes it difficult to isolate the effect of loneliness from other related factors'.²⁹⁷

²⁹¹ Evidence, Dr Christina Jarron, Research and Evaluation Manager, Top Blokes Foundation, 12 December 2024, p 29.

²⁹² Submission 47, Orygen, p 5.

²⁹³ Submission 47, Orygen, p 5.

²⁹⁴ Submission 125, NSW Government, p 16.

²⁹⁵ Submission 125, NSW Government, p 16.

²⁹⁶ Submission 125, NSW Government, p 16.

²⁹⁷ Submission 125, NSW Government, p 16.

3.28 Based on existing literature, the NSW Government submission noted that costs associated with loneliness may include:

- cost to individual health and premature death: as discussed previously in this chapter, loneliness has been linked to a range of poor physical and mental health issues, which in turn increase an individual's risk of premature death
- cost to the healthcare system: people with loneliness report higher rates of accessing healthcare services, such as general practitioner, emergency services and residential care
- cost to those providing informal care: caring for individuals experiencing loneliness can entail significant costs for family and friends providing care
- cost to the economy through lost productivity: as discussed previously in this chapter, loneliness and isolation are associated with lower academic achievement, lower productivity at work and higher unemployment.²⁹⁸

3.29 In November 2021, the Bankwest Curtin Economics Centre (BCEC) estimated the economic cost of loneliness in Australia to be \$2.7 billion each year, an equivalent annual cost of \$1,565 for each person who becomes lonely.²⁹⁹ Mr Chris Twomey, Senior Industry Fellow, BCEC, confirmed that these figures are at a national level and that 'pro rata, based on population for New South Wales', the economic cost of loneliness for the state is estimated to be around \$848 million per year.³⁰⁰

3.30 The BCEC provided the following estimated annual costs of loneliness for different health behaviours based on information from the Household, Income and Labour Dynamics in Australia (HILDA) data, as set out in Figure 2 below. The figure captures costs associated with visits to the GP and hospital, smoking and excessive alcohol consumption, a lack of physical activity and use of sick leave. These figures are broken down by age and gender.

Figure 2 The estimated annual cost of loneliness

Age	Estimated annual economic costs of loneliness (\$m)							Total costs by gender		Share of total costs by gender	
	GP visits	Hospital visits	Regular smoking	Excessive alcohol	Physical inactivity	Sick leave	TOTAL COSTS	Women	Men	Women	Men
<25	29	10	63	59	31	21	215	167	48	78%	22%
25-34	149	7	190	92	57	91	586	326	260	56%	44%
35-44	196	31	181	102	83	20	613	369	244	60%	40%
45-54	157	20	201	73	70	39	560	294	266	53%	47%
55+	302	44	228	18	137	14	742	413	329	56%	44%
All ages	833	113	863	344	379	184	2,716	1,569	1,146	58%	42%

Source: Submission 82, Bankwest Curtin Economics Centre, p 23.

3.31 Notably, the NSW Government estimated that taking account of inflation between November 2021 and July 2024, the BCEC estimation of \$2.7 billion nationally would increase to \$3.1 billion per year, or approximately \$971 million per year for New South Wales. At the same time it cautioned that the BCEC methodology captures some, but not all of the costs attached to

²⁹⁸ Submission 125, NSW Government, p 18.

²⁹⁹ Submission 82, Bankwest Curtin Economics Centre, p 8.

³⁰⁰ Evidence, Mr Chris Twomey, Senior Industry Fellow, Bankwest Curtin Economics Centre, 15 November 2024, p 36.

loneliness³⁰¹ and as such does not account for the full economic costs. That methodology drew on health outcomes, and did not include broader social and economic outcomes of loneliness including social and educational outcomes.³⁰²

3.32 In addition to health-related economic costs, the Groundswell Foundation drew attention to the costs attaching to lost productivity, absence from work, as well as those associated with early retirement and reduced workforce participation.³⁰³

3.33 The BCEC concluded that its findings provide an important basis for investment to address loneliness:

These findings provide evidence of the strong economic benefits to be drawn from programs and initiatives that mitigate loneliness, along with positive social and health outcomes. Investing in programs that address the growing problem of loneliness in our society will deliver significant returns, through reduced demands on Australia's health system, improved community connectedness and enhanced personal wellbeing for millions of Australians throughout their lives.³⁰⁴

Committee comment

3.34 In the committee's view, the evidence documented in this chapter highlights the multiple and profound impacts of loneliness on peoples' lives, in terms of physical and mental health, as well as social behaviour and educational and work outcomes. In a compassionate society, these impacts alone justify concerted action by government and others to address loneliness. In addition, the economic costs arising from the impact on such a large proportion of the community – one in seven people – further heightens the imperative to act at every level to address the complex issue of loneliness.

Finding 3

That loneliness is associated with a range of health concerns, both physical and mental, as well as impacts on social behaviour and educational and work outcomes. In a compassionate society, these impacts alone justify concerted action by government and others to address loneliness.

3.35 The chapters that follow examine in detail the multi-layered approach that inquiry participants recommended be adopted as the way forward for addressing loneliness in New South Wales.

³⁰¹ Submission 125, NSW Government, p 16.

³⁰² Submission 125, NSW Government, p 16; Evidence, Professor Lim, 15 November 2024, p 6.

³⁰³ Submission 71, Groundswell Foundation, p 7.

³⁰⁴ Submission 82, Bankwest Curtin Economics Centre, p 8.

Chapter 4 A way forward for addressing loneliness

Earlier in this report, the committee made a number of observations based on the evidence gathered throughout this inquiry – one of which was the complexity of loneliness as both a concept and a social problem. Matched with this is the multilayered response required to address loneliness effectively, in order to ameliorate the profound impacts of loneliness on individuals' health and wellbeing and on broader society.

This chapter sets the scene for the remaining chapters in this report that examine the numerous strategies inquiry participants recommended to address loneliness in New South Wales. It starts with a discussion of protective factors, with a particular focus on meaningful connections as key to preventing and addressing persistent loneliness. The chapter then explores strong calls amongst inquiry participants for loneliness to be recognised as a complex social issue within a multilayered, whole of society framework, whereby loneliness is addressed at the individual, community and population levels.

Protective factors

4.1 Throughout this inquiry there was much discussion about the risk factors for loneliness, which are documented in detail in chapter 2. There was comparatively less discussion of the protective factors to be preserved, nurtured and actively built to mitigate the impact of loneliness in our community.

4.2 Relationships Australia NSW underscored that effective policy responses to address loneliness must be informed by an understanding of both the risk factors for loneliness and the factors that safeguard against it. Relationships Australia NSW articulated that protective factors are those that provide people with resilience against the various challenges that arise throughout life:

Supporting a strategy to address social isolation and loneliness that is holistic and preventative requires an understanding of the factors which inhibit and support social connection. ... we would also like to focus on the protective factors, which provide people with resilience in the face of adversity and, importantly, moderate the impact of inevitable stress on social and emotional wellbeing ... recognising the risk factors is important for understanding the issue, while conceptualising the protective factors supports a robust response.³⁰⁵

4.3 Inquiry participants identified a number of protective factors known to mitigate experiences of loneliness. These included: having a sense of belonging and purpose and feeling valued;³⁰⁶ social

³⁰⁵ Submission 72, Relationships Australia New South Wales, pp 18-19

³⁰⁶ See for example: Evidence, Associate Professor JR Baker, Chair, Australian Social Prescribing Institute of Research and Education, 6 February 2025, p 18; Evidence, Mr Phil McAuliffe, Founder, Humans:Connecting, 6 February 2025, p 12; Submission 62, Humans:Connecting, p 11; Submission 47, Orygen, p 3.

connections;³⁰⁷ community participation;³⁰⁸ good physical and mental health;³⁰⁹ accessibility and inclusion;³¹⁰ and awareness and understanding of loneliness itself.³¹¹ Other protective factors highlighted by stakeholders, including Relationships Australia NSW, include access to stable and secure housing, positive family functioning, supportive communities, employment and a supportive work environment.³¹²

Meaningful connections

4.4 At the heart of many of the protective factors set out above are meaningful connections.

4.5 Numerous participants recognised social connection as the remedy to loneliness,³¹³ including the NSW Government, who highlighted how urban design as well as community interventions and educational programs enable the development of social connections between people:

Creating social connection in the community through social and built environments has the potential to positively influence loneliness outcomes. Urban planning, community interventions and educational programs focusing on social networks and skills are all key factors in mitigating loneliness.³¹⁴

4.6 Ms Elisabeth Shaw, Chief Executive Officer of Relationships Australia NSW, spoke of how this 'obvious truth' has been borne out in high quality longitudinal research, with strong social

³⁰⁷ See for example: Submission 125, NSW Government, p 19; Evidence, Ms Elisabeth Shaw, Chief Executive Officer, Relationships Australia NSW, 15 November 2024, p 26; Submission 41, RSL NSW, p 4; Submission 42, Pharmacy Addressing Loneliness and Social-isolation, p 14; Submission 47, Orygen, p 6; Submission 49, Dr Nancy Kong, p 3; Submission 112, Mental Health Coordinating Council, p 19; Submission 122, Australian Psychological Society, p 5; Submission 36, SSI, p 9.

³⁰⁸ See for example: Submission 112, Mental Health Coordinating Council, p 20; Submission 38, The Construction Industry Drug and Alcohol Foundation, p 25; Submission 52, Council for Intellectual Disability, p 8; Submission 15, Country Women's Association of NSW, pp 4-5; Submission 133, NSW Advocate for Children and Young People, p 6; Evidence, Ms Holly Reynolds, Chief Executive Officer, Little BIG Foundation, 6 February 2025, p 42; Evidence, Ms Sarah Mathews, Board Member, Little BIG Foundation, 6 February 2025, pp 42-43.

³⁰⁹ See for example: Submission 122, Australian Psychological Society, p 5; Submission 133, NSW Advocate for Children and Young People, p 4; Submission 69, Mental Health Commission of NSW, p 17.

³¹⁰ See for example: Submission 52, Council for Intellectual Disability, p 7; Submission 104, The Salvation Army, p 32; Submission 121, Youth Action, pp 8-9; Submission 124, St Vincent de Paul Society, p 3; Submission 38, The Construction Industry Drug and Alcohol Foundation, pp 25, 29, 30; Submission 49, Boambee East Community Centre Inc, pp 1, 3.

³¹¹ See for example: Submission 27, UNSW Ageing Futures Institute, p 5; Submission 38, The Construction Industry Drug and Alcohol Foundation, p 28; Submission 54, Elder Abuse Action Australia, p 10; Submission 65, Anglicare Sydney, p 2; Submission 75, The Matilda Centre, p 9; Submission 112, Mental Health Coordinating Council, pp 21-22.

³¹² Submission 72, Relationships Australia New South Wales, pp 18-19

³¹³ See for example: Evidence, Ms Shaw, 15 November 2024, p 26; Evidence, Ms Rebel Black, Chairperson, The Rural Woman Cooperative, 12 December 2024, p 16; Submission 62, Humans:Connecting, pp 15, 16; Submission 38, The Construction Industry Drug and Alcohol Foundation, p 6.

³¹⁴ Submission 125, NSW Government, p 19.

connections shown to improve people's sense of wellbeing and ultimately, their physical and mental health, and indeed their longevity:

It's an obvious truth to state that the antidote to loneliness is social connection. This is best demonstrated by the 85-year longitudinal Harvard Study of Adult Development, which still continues today, which demonstrated that, regardless of participant backgrounds, those with the strongest personal relationships were not only the happiest but also enjoyed the best overall health and lived the longest. Strong social connections were demonstrated to provide emotional support, reduce stress and increase feelings of happiness and belonging, which in turn has beneficial effects on physical health and promotes longer and healthier life.³¹⁵

- 4.7** Applying a broader lens, Ms Rebel Black, Chairperson of The Rural Woman Cooperative, an organisation whose mission is the advancement of rural women and girls in Australia, articulated multiple dimensions to connection identified in research conducted by her organisation, including connection to self, to place, to people and community, and to a higher purpose or power:

We've found that the antidote to loneliness is, in fact, connection—connection to self through cultivating self-awareness, authenticity and confidence; connection to place through connection with infrastructure and safe spaces for belonging; connection to relationships and community through creating opportunities for genuine in-person and online interactions; and connection to something larger, whether it's purpose, faith, shared values or community contribution through service.³¹⁶

- 4.8** Similarly, the Mental Health Commission of NSW referred to its 2022 Community Wellbeing Survey, which reported, among other things, the need to recognise 'the various forms of connection needed to combat loneliness'.³¹⁷ One aspect of connection that the commission identified as being particularly important is connection to community:

Being connected to a community can provide a sense of belonging, safety and shared purpose. People with moderate to good mental health often report stronger ties to their community compared to those experiencing poor mental health.³¹⁸

- 4.9** Further to this, the commission noted that strong connections not only mitigate feelings of loneliness but can also improve mental health outcomes. In doing so, the commission noted that research suggests 'that a sense of social connection acts as a foundation for one's sense of self, and when that foundation is weakened, other aspects of the self are affected', including an individual's mental health and psychological wellbeing.³¹⁹

- 4.10** Participants were clear that connections must be meaningful to make a difference to addressing loneliness: it is not enough to simply increase the number and/or frequency of social contact.³²⁰ For example, Dr Marlee Bower, Senior Research Fellow, The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney, emphasised the importance of building

³¹⁵ Evidence, Ms Shaw, 15 November 2024, p 26.

³¹⁶ Evidence, Ms Black, 12 December 2024, p 16.

³¹⁷ Submission 69, Mental Health Commission of NSW, p 15.

³¹⁸ Submission 69, Mental Health Commission of NSW, p 17.

³¹⁹ Submission 69, Mental Health Commission of NSW, p 10.

³²⁰ Submission 69, Mental Health Commission of NSW, p 18.

meaningful connections, stating, 'what you need is those ... meaningful connections, and with people that you value. That's the kind of thing that's going to reduce loneliness and create impact'.³²¹

- 4.11** Similarly, Professor Viviana Wuthrich, Director, Lifespan Health and Wellbeing Research Centre, Macquarie University, explained that people need to experience a sense of connection, value and support through their contact with others, and that contact with others in of itself is not sufficient:

Social activities need to be high quality and they need to facilitate connections between the participants that make them feel valued, supported and connected ... there is clear evidence that simply providing opportunities for social participation is not enough to treat loneliness.³²²

- 4.12** In a similar vein, when asked about interventions to address loneliness, Professor Michelle Lim, Chief Executive Officer of Ending Loneliness Together and Associate Professor, Prevention Research Collaboration, University of Sydney, differentiated between initiatives that simply bring people together and those that actually improve the quality of their interactions.³²³ She emphasised that it is necessary to evaluate interventions to ensure they make a 'meaningful difference' to loneliness by enabling individuals to form meaningful connections.³²⁴

- 4.13** Looking more broadly to policy responses, in addition to pointing to the role of social connection in building community resilience, Orygen highlighted the importance of embedding social connection into policy:

As traditional social structures evolve, targeted policy efforts will be essential to creating new ways to foster community and connection. Social connection is a powerful protective factor for mental health and wellbeing, countering loneliness by building a sense of belonging, 'interpersonal trust', and optimism – key elements that contribute to broader community resilience.³²⁵

- 4.14** Other stakeholders who highlighted building and augmenting opportunities for meaningful social connections as the foundation for addressing loneliness included Australians for Mental Health,³²⁶ the Groundswell Foundation,³²⁷ Suicide Prevention Australia,³²⁸ the Australian

³²¹ Evidence, Dr Marlee Bower, Senior Research Fellow, The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney, 6 February 2025, p 46.

³²² Evidence, Professor Viviana Wuthrich, Director, Lifespan Health and Wellbeing Research Centre, Macquarie University, 15 November 2024, p 46.

³²³ Evidence, Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together, and Associate Professor, Prevention Research Collaboration, University of Sydney, 15 November 2024, p 2.

³²⁴ Evidence, Professor Lim, 15 November 2024, pp 2, 4.

³²⁵ Submission 47, Orygen, p 6.

³²⁶ Submission 127, Australians for Mental Health,

³²⁷ Evidence, Mr Martin Blake, Chairman, Groundswell Foundation, 15 November 2024, pp 19 and 22-23; Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 18 and 19.

³²⁸ Evidence, Ms Rebekah Henricksen, Director of Government Relations, Suicide Prevention Australia, 15 November 2024, p 9.

Association of Psychologists Inc,³²⁹ the Country Women's Association of New South Wales³³⁰ and Beyond Blue.³³¹

4.15 Throughout the course of this inquiry, participants identified the different ways people may form and maintain meaningful connections, including:

- being a member of clubs or organisation³³²
- participating in community events and programs³³³
- volunteering³³⁴
- neighbourliness³³⁵
- participation in sport³³⁶

³²⁹ Evidence, Ms Carly Dober, Policy Coordinator and Psychologist, Australian Association of Psychologists Inc, 15 November 2024, p 12.

³³⁰ Evidence, Ms Danica Leys, Chief Executive Officer, Country Women's Association of New South Wales, 12 December 2024, p 16.

³³¹ Evidence, Mr Greg Jennings, Chief Engagement Officer, Beyond Blue, 15 November 2024, p 26.

³³² See for example: Evidence, Associate Professor Baker, 6 February 2025, pp 17-18; Evidence, Mrs Mavis Moon, Community Member, Parkes Neighbourhood Central, 7 February 2025, pp 3, 5; Evidence, Mrs Lyn Pengilly, Community Member, Parkes Neighbourhood Central, 7 February 2025, p 3; Submission 65, Anglicare Sydney, pp 23-24; Submission 97, The Presbyterian Church of Australia in NSW, pp 3 and 12; Tabled document, Professor Sharon Lawn, Executive Director, Lived Experience Australia, *Understanding loneliness and mental health*, 2022, pp 16, 31 and 32; Submission 26, Mr Paul Sekfy, p 5; Submission 72, Relationships Australia NSW, p 22; Standing Committee on Social Issues, *Online questionnaire summary report, Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, p 7.

³³³ See for example: Submission 146, Dr Suraj Samtani, Professor Perminder Sachdev AM & Professor Henry Brodaty AO, p 1; Tabled document, *Understanding loneliness and mental health*, p 16; Submission 52, Council for Intellectual Disability, pp 5-6; Submission 72, Relationships Australia NSW, p 22; Submission 22, Australian College of Nurse Practitioners, p 4; Standing Committee on Social Issues, *Online questionnaire summary report, Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, p 7.

³³⁴ See for example: Evidence, Ms Karen Pearson, Compliance Officer, Cowra Information and Neighbourhood Centre, 7 February 2025, p 5; Tabled document, *Understanding loneliness and mental health*, p 16; Submission 72, Relationships Australia NSW, p 22; Submission 22, Australian College of Nurse Practitioners, p 4; Standing Committee on Social Issues, *Online questionnaire summary report, Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, pp 10 and 11.

³³⁵ See for example: Tabled document, *Understanding loneliness and mental health*, p 16; Submission 46, Nimbin Neighbourhood & Information Centre, pp 6-7; Submission 72, Relationships Australia, 19-20; Submission 100, UTS Centre for Social Justice and Inclusion, pp 6 and 10; Submission 103; Australian Association of Psychologist Inc, p 7; Submission 29, Engadine Community Service, p 3.

³³⁶ See for example: Tabled document, *Understanding loneliness and mental health*, p 16; Submission 52, Council for Intellectual Disability, p 5; Submission 65, Anglicare Sydney, p 23; Submission 76, RALLY4EVER, pp 1-9; Standing Committee on Social Issues, *Online questionnaire summary report, Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, p 4.

- online platforms.³³⁷

4.16 Set out below are comments from our online questionnaire on the ways that people shared they enjoy connections with others:

Responses to our online questionnaire: How people connect with others

'I have a great group of tennis playing friends and squash playing friends. My wife has a great group of Zumba friends, plus participates in a book club. We enjoy the company of each other's friendships'.

'1. Giving myself some structured, intentional time each week for connecting with others and building community through my weekly GROW group [...]

2. Maintaining physical health improves my mood and makes it easier to connect with others, even if it's just a smile and a nod when I'm on my walk. Joining community exercise classes combines physical exercise with doing something fun with others and having a laugh.

3. I find meeting a friend for a walk is more uplifting than meeting them for a drink/meal'.

'Participating in volunteering has been of great help in decreasing feelings of isolation over the years'.

'Physical exercise; art courses; meetup groups (through the website meetup.com, this really helped me a lot); faith-based activities; outdoor activities'.

'Face to face interaction is by far the best way to reduce the sense of loneliness. Catching up with distance family on WhatsApp helps one not feel alone. Having an activity to look forward to, such as an organised game of tennis or squash, is also very beneficial'.

'I think we need to be self-aware as well as willing to adjust to normal changes as we age. Set up routine check-ups and follow sensible nutrition and self-care habits. Recognise when you have a need for company or entertainment and organise it. Throw in a few challenges like long drives to visit family or participation on a community event and life is enriched'.

'Do what you love and find others that love doing the same thing. Get a dog. Gives you an excuse for living, great company and gets you out for a walk every day. Volunteer. You meet some great people. And you feel better about yourself'.

A sense of belonging and purpose

4.17 Some participants underscored that having a sense of belonging is critical to building meaningful connections. Humans:Connecting emphasised 'cultivating a sense of belonging – of feeling seen and feeling heard' as key to building meaningful connections and addressing loneliness.³³⁸ Correspondingly, Mr Phil McAuliffe, Founder of Humans:Connecting, called for the NSW Government to enact 'decisions that that help people feel that they belong and put that at the centre of planning, ... of budget considerations and so on'.³³⁹

³³⁷ See for example: Evidence, Miss Maddison Elwine-Wilson, Individual, Office of the Advocate for Children and Young People, 12 December 2024, p 31-32; Submission 2, Laterz Social, p 1; Tabled document, *Understanding loneliness and mental health*, p 16; Submission 22, Australian College of Nurse Practitioners, p 4; Standing Committee on Social Issues, *Online questionnaire summary report, Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, pp 8-9.

³³⁸ Submission 62, Humans:Connecting, p 11.

³³⁹ Evidence, Mr McAuliffe, 6 February 2025, p 14.

4.18 Additionally, having a sense of purpose was discussed as being key to development of meaningful connections. Associate Professor JR Baker, Chair of the Australian Social Prescribing Institute of Research and Education, pointed to the fundamental importance of having a sense of purpose or contribution when he observed, 'The opposite of loneliness, in many ways, is having purpose and being valued, and these are inherently tied to contribution'.³⁴⁰ Accordingly, Associate Professor Baker argued that we should design our communities 'for contribution, not just for consumption'.³⁴¹

4.19 The importance of contribution, and more specifically volunteering, was also underscored by the Centre for Volunteering, who referred to the evidence base for volunteering as protective against loneliness. Additionally the Centre noted that the importance of volunteering as means of addressing loneliness and social isolation has been recognised on a state and federal level:

- on a state level, the NSW Volunteering Strategy recognises that volunteering can help reduce social isolation, particularly for older people
- on a federal level, the National Strategy for Volunteering recognises the positive impact of volunteering on experiences of loneliness, which was particularly notable during the COVID-19 pandemic.³⁴²

4.20 Others who recognised this aspect of connection as especially important included Ms Elizabeth Birch, National President and Ms MaryAnne Maher, National Manager, VIEW Clubs of Australia, Mr Chris Siorokos, Executive Director, Government and Stakeholder Relations, and Dr Anna Brooks, Chief Research Officer, Lifeline Australia.³⁴³ Beyond the powerful benefits that volunteering can have for the volunteer, Dr Brooks, attested to volunteers' valuable role in addressing loneliness through human connections and practical supports:

We have volunteers, for example, north of the harbour who provide a service that is located in a couple of different libraries across north Sydney where Lifeline volunteers will make a time and go and have tea and coffee with people who are doing it tough and connect with them. It's not just the immediacy of that human connection with the Lifeline volunteer in the library; it's also then practical support for where they might be able to get support to reach whatever needs that they're expressing to the volunteers from the Lifeline centres.³⁴⁴

4.21 Reflecting upon her lived experience of loneliness, Ms Julia Hern advised the committee that that introspection and embracing solitude is also essential to building meaningful, fulfilling and sustainable relationships:

I've come to see that addressing loneliness is not simply about adding more people to my life; it's about building a solid foundation within myself. By leaning into solitude,

³⁴⁰ Evidence, Associate Professor Baker, 6 February 2025, p 19.

³⁴¹ Evidence, Associate Professor Baker, 6 February 2025, p 19.

³⁴² Submission 102, The Centre for Volunteering, pp 2-3.

³⁴³ Evidence, Ms Maryanne Maher, National Manager, View Clubs of Australia, The Smith Family, 12 December 2024, p 18; Evidence, Ms Elizabeth Birch, National President, VIEW Clubs of Australia, The Smith Family, 12 December 2024, p 20; Evidence, Mr Chris Siorokos, Executive Director, Government and Stakeholder Relations, 6 February 2025 pp 7 and 10; Evidence, Dr Anna Brooks, Chief Research Officer, Lifeline Australia, 6 February 2025, p 10.

³⁴⁴ Evidence, Dr Brooks, 6 February 2025, p 8.

I've learned that connection is an inside job. I've identified and met my own authentic needs, which creates a space in me that has capacity to welcome others. My hope is that everyone can find the courage to look inward, to embrace time alone not as an enemy, but as a teacher. Only then can we create relationships that fulfill and sustain us.³⁴⁵

Compassion and commitment to others

- 4.22** For Beyond Blue, addressing loneliness requires fundamental social change. In pointing to the imperative to build community belonging and cohesion, Beyond Blue underscored the need for initiatives grounded in empathy, kindness, respect, service and responsibility towards others:

[T]here is a strong need to address declining community belonging and cohesion. Compassion based initiatives, focussed on cultivating values of kindness, respect, service, and commitment to one another, can contribute to the long-term culture change required to enhance social connection and reduce the harmful impacts of loneliness.³⁴⁶

- 4.23** These views were echoed by a respondent to the inquiry's online questionnaire, who called for leadership that is truly committed to empathy, inclusion and cohesion:

It's crucial for those in power to truly grasp the human impact of their decisions ... We need leaders who prioritise empathy and actively tackle the root causes of loneliness and isolation. This involves investing in community programs, creating inclusive spaces, and fostering environments where everyone feels valued. A holistic approach to community well-being ensures that initiatives are meaningful and not just surface-level efforts.³⁴⁷

The need for a whole of society approach to loneliness

- 4.24** Inquiry participants spoke of loneliness as a significant social issue requiring a comprehensive response that seeks to improve not just the lived experience of individuals, but also that of different social groups, both in communities and across populations.
- 4.25** Within this framework, Ms Danica Leys, Chief Executive Officer of the Country Women's Association of New South Wales, argued that 'tackling loneliness as a public health priority offers not only the promise of healthier individuals but also stronger, more cohesive communities'.³⁴⁸
- 4.26** In highlighting the value of a comprehensive response, inquiry participants emphasised that strategies to address loneliness should occur at multiple levels, across different sectors, coordinated within a single framework.

³⁴⁵ Submission 9, Ms Julia Hern, p 13.

³⁴⁶ Submission 114, Beyond Blue, p 4.

³⁴⁷ Standing Committee on Social Issues, *Online questionnaire summary report, Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*, p 12.

³⁴⁸ Evidence, Ms Leys, 12 December 2024, p 17. See also Evidence, Ms Cassandra Grey, Chief Operating Officer, Mentoring Men, 12 December 2024, p 24; Evidence, Ms Emma Maiden, General Manager, Advocacy and External Relations, Uniting NSW.ACT, 12 December 2024, p 44.

4.27 The importance of cross sector collaboration was highlighted by a number of inquiry participants, with many noting the need for social connection to be more actively embedded into healthcare, education, social services, housing, aged care and within the private sector.³⁴⁹

4.28 For example, the Mental Health Commission of NSW, advocated for a broad scaled approach 'to tackle the multifaceted nature of loneliness, involving collaboration across housing, education, employment, urban planning, and welfare sectors to ensure efforts are high-quality, effective, and sustainable'.³⁵⁰ Furthermore, the commission highlighted the need for:

- Collaborative efforts between government and the community to emphasise the importance of social connectedness.
- Raising awareness about the prevalence and consequences of loneliness.
- Expanding opportunities for community engagement and social cohesion.
- Recognising the various forms of connection needed to combat loneliness.
- Strengthening existing health, social, education, and community infrastructure to provide tailored support to those at risk or currently experiencing loneliness.³⁵¹

4.29 Relationships Australia NSW recommended that the government consider opportunities, across an array of policy areas, to invest in interventions, services and supports that promote social connection, and in doing so, prioritise interventions that target cohorts most at risk and most deeply affected:

Explore opportunities for investing in loneliness interventions and other services and supports which make social connection possible for everyone in New South Wales. This should occur across policy areas, including healthcare, social supports, public space design, technology, and transport. Investments should prioritise inclusivity for our communities most at risk of loneliness and most negatively affected by the NSW current systems.³⁵²

4.30 The Groundswell Foundation also highlighted the need for 'an inter-related tapestry of solutions' and a 'multi-sector, accountable approach, with initiatives that prioritise community connection and wellbeing'.³⁵³ Further to this, the foundation underscored the need to shift our cultural and policy response to loneliness and reimagine existing structures, policies and programs:

We need to build a movement to mend the social fabric of NSW and Australia. It will take all of us—individuals and families, schools and workplaces, health care and public health systems, technology companies, state governments, faith organisations, and

³⁴⁹ See for example: Submission 233, Australian Psychological Society (APS), pp 7 and 8; Submission 55, Ending Loneliness Together, p 10; Submission 38, The Construction Industry Drug and Alcohol Foundation, p 27; Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 23.

³⁵⁰ Submission 69, Mental Health Commission of NSW, p 16.

³⁵¹ Submission 69, Mental Health Commission of NSW, p 15.

³⁵² Submission 72, Relationships Australia NSW, p 3.

³⁵³ Submission 71, Groundswell Foundation, p 4.

communities—working together to destigmatise loneliness and change our cultural and policy response to it. It will require reimagining the structures, policies, and programs that shape a community to best support the development of healthy relationships.³⁵⁴

- 4.31** Making the case for prioritising social connection as a focus for policy, Dr Bower of The Matilda Centre cautioned against a focus simply on strategies at the individual level, advocating instead for change that looks to multiple aspects of our community or social experience reflected in the risk factors documented in chapter 2 such as poor physical and mental health, lonelygenic environments, and workplace conditions and culture.³⁵⁵
- 4.32** Ending Loneliness Together observed that the complexity of loneliness and social isolation means that they 'cannot be solved in isolation by a single sector or discipline', and that a comprehensive strategy 'is a critical foundation for mobilising not only different government agencies, but also the social sector, the private sector and individual community members'.³⁵⁶ Professor Lim reiterated this in her hearing, referring to loneliness as 'an intersectoral issue'.³⁵⁷
- 4.33** The Business Council of Australia (BCA) envisaged a similarly ambitious strategy, with its submission setting out roles for government, healthcare providers, community organisations, individuals, businesses, researchers and other key stakeholders.³⁵⁸
- 4.34** Likewise, the Mental Health Coordinating Council called for the development of a 'Tackling Loneliness Strategy for NSW' that recognises the importance of a cross-sector approach:
- For people living with mental health conditions and others at risk of loneliness and social isolation, the interface across multiple human service contexts is vital, and the strategy must demonstrate a cross-party, cross-government and community approach.³⁵⁹
- 4.35** Other stakeholders who highlighted the need for a comprehensive and multilayered approach as key to addressing loneliness included Lived Experience Australia,³⁶⁰ the Salvation Army,³⁶¹ the Country Women's Association of NSW,³⁶² St Vincent de Paul³⁶³ and Anglicare Sydney.³⁶⁴
- 4.36** The strong call amongst inquiry participants that loneliness be recognised as a significant public health issue to be addressed at multiple levels, across multiple agencies and sectors, within an ambitious and coordinated framework led by government, is examined in detail in proceeding chapters of this report. Chapters 5, 6 and 7 examine participants' views on individual, community and population focused strategies respectively to address loneliness, and chapter 8

³⁵⁴ Submission 71, Groundswell Foundation, p 3.

³⁵⁵ Evidence, Dr Bower, 6 February 2025, p 45.

³⁵⁶ Submission 55, Ending Loneliness Together, p 10.

³⁵⁷ Evidence, Professor Lim, 15 November 2024, p 4.

³⁵⁸ Submission 129, Business Council of Australia, pp 19-23.

³⁵⁹ Submission 112, Mental Health Coordinating Council, p 22.

³⁶⁰ Lived Experience Australia Ltd, *Understanding loneliness and mental health*, 2022, p 43.

³⁶¹ Submission 104, The Salvation Army, p 10.

³⁶² Submission 15, Country Women's Association of New South Wales, p 7

³⁶³ Submission 124, St Vincent de Paul Society NSW, pp 7-9.

³⁶⁴ Submission 65, Anglicare Sydney, p 21.

considers the role of the NSW Government in resourcing, leading and coordinating this framework.

The NSW Government's position

- 4.37** Providing a government perspective, Dr Murray Wright PSM, Chief Psychiatrist, NSW Health, recognised a 'whole of community' response to loneliness is essential, stating, 'There's no doubt that loneliness can impact on physical and mental health, but it's important to see this as a whole of community issue. The solutions lie in enhancing social connections across all agencies and organisations'.³⁶⁵ He told the committee:

Addressing the issue of loneliness requires coordinated approaches from individuals, communities, organisations and government. ... The New South Wales Government has specific strategies in place for those who've been identified as vulnerable to loss of social connection ... We also believe that urban planning, community interventions and education programs focusing on social networks and skills are all key factors in mitigating loneliness. These community-level interventions require collaboration across various levels of government and sectors including planning, environment, health, mental health and aged care.³⁶⁶

- 4.38** Examples of the existing government strategies referenced by Dr Wright are identified in the subsection below.

Existing government strategies

- 4.39** The NSW Government informed the committee that it is working with communities, local government and non government organisations to deliver initiatives and strategies that focus on the social determinant of health, strengthen protective factors and promote social connection and cohesion.³⁶⁷
- 4.40** For example, the government referred to the NSW Social Cohesion Grants for Local Government program, which supports local governments to develop innovative programs for stronger, more resilient and cohesive communities.³⁶⁸ The government advised that since 2022, more than \$1.4 million in funding has been to 20 different projects across New South Wales, including two initiatives that specifically target loneliness:
- the ReConnect Bathurst social cohesion project
 - the Meet Your Neighbourhood project.³⁶⁹
- 4.41** The government's submission documented a number of initiatives and strategies that promote social cohesion and connection. Notably these often target at risk cohorts including young people, older people, people living in rural and remote communities, carers, people with

³⁶⁵ Evidence, Dr Murray Wright, PSM, NSW Chief Psychiatrist, NSW Ministry of Health, 12 December 2024, p 2.

³⁶⁶ Evidence, Dr Wright, PSM, 12 December 2024, pp 2-3.

³⁶⁷ Submission 125, NSW Government, p 5, 6, 18.

³⁶⁸ Submission 125, NSW Government, p 21.

³⁶⁹ Submission 125, NSW Government, p 21.

disability, LGBTQIA+ people, and refugees and humanitarian entrants. While these programs may not explicitly seek to address or prevent loneliness, by building connections and promoting individual and community wellbeing the government recognises them as important policy contributions in this area. Examples include:

- the Connecting Seniors Grant Program and the NSW Senior Festival Grant program that support older people to connect with others and address challenges that contribute to isolation³⁷⁰
- the Gold Opal Card for Seniors Card holders that provides low-cost access to public transport³⁷¹
- the *NSW Carers Strategy: Caring in NSW 2020-2030*, sets out the government's 10-year plan to recognise and support carers in New South Wales,³⁷² with four priority areas namely that carers: have better access to information, services and supports, are recognised, respected and empowered, have improved financial wellbeing and economic opportunities, and have better health and wellbeing³⁷³
- the *NSW Disability Inclusion Plan* provides a comprehensive strategy to enhance social and economic participation of people with disabilities across NSW, with four focus areas: developing positive community attitudes and behaviours, creating liveable communities, supporting access to meaningful employment, and improving access to mainstream services through better systems and processes³⁷⁴
- the Government's \$400 million Regional Development Trust includes a 'Community connection and capacity building' pillar, which 'aims to lift the overall quality of community wellbeing in regional areas, which will have a positive effect on experiences of loneliness and social isolation'³⁷⁵
- the Rural Women's Network, supported by Women NSW in The Cabinet Office, 'aims to link women living in rural, regional and remote communities to information and services that foster greater social connection'³⁷⁶
- the NSW Settlement Strategy that seeks to improve settlement outcomes for refugees and humanitarian entrants in New South Wales including improving opportunities for those settling in NSW to participate socially and economically and fostering social connection³⁷⁷
- the development of the NSW LGBTQIA+ Inclusion Strategy that 'will explore barriers and identify opportunities LGBTQIA+ people to mitigate experiences of loneliness

³⁷⁰ Submission 125, NSW Government, p 21.

³⁷¹ Submission 125, NSW Government, p 21.

³⁷² Submission 125, NSW Government, p 23.

³⁷³ NSW Carers Strategy, Department of Communities and Justice (4 April 2025) <https://dcj.nsw.gov.au/community-inclusion/carers/nsw-carers-strategy.html>.

³⁷⁴ Submission 125, NSW Government, p 23.

³⁷⁵ Submission 125, NSW Government, p 22.

³⁷⁶ Submission 125, NSW Government, p 23; Rural Women's Network, Women NSW, <https://www.nsw.gov.au/departments-and-agencies/women-nsw/rural-womens-network>.

³⁷⁷ Submission 125, NSW Government, p 24.

through enhancing social connection' via LGBTQIA+ inclusive clubs, events, arts and cultural initiatives, and volunteering³⁷⁸

- the NSW Education Standards Authority provides foundational opportunities to NSW public school students in Kindergarten through to Year 10, to 'develop their knowledge and skills that contribute to reducing loneliness and social isolation'³⁷⁹
- the Department of Primary Industries and Regional Development's Holiday Break Program provides 'funding to local councils and youth service providers to deliver recreational activities for young people during school holiday periods'.³⁸⁰

4.42 Other examples and further information about these different interventions can be found in the NSW Government's submission.

Committee comment

4.43 The committee heard very clearly from inquiry participants that strategies to address loneliness need to occur at multiple levels, coordinated within a single ambitious framework. While the NSW Government is already acting in a myriad of ways that help to mitigate loneliness and social isolation, there was a palpable recognition across all stakeholders that a comprehensive, committed approach with the explicit goal of addressing loneliness is imperative.

4.44 The committee recognises that to truly address the complex, substantial and profoundly human problem of loneliness, we need to adopt a 'whole of society' framework, in which a broad range of sectors and actors all play a role – not only government, but also the community sector, the health sector, the private sector, the workplace, researchers, community groups, and individuals across every community. The promise of adopting such an approach was highlighted by multiple stakeholders including government representatives.

Finding 4

That loneliness is a significant social issue requiring a comprehensive 'whole of society' response across government, the health sector, the private sector, the workplace, researchers, community groups, and individuals across every community.

4.45 Furthermore, the committee recognises that this ambitious framework must be focused on building meaningful connections, and a sense of belonging and purpose as the key to addressing loneliness. It was clear from evidence received by the committee that providing opportunities for contact with others was not sufficient in itself to tackle loneliness, without also providing ways to help people build quality social connections. Additionally, like Beyond Blue, we see that this framework should be grounded in compassion, focused on cultivating across society the values of kindness, respect, service and commitment to others.

³⁷⁸ Submission 125, NSW Government, p 22.

³⁷⁹ Submission 125, NSW Government, p 22.

³⁸⁰ Submission 125, NSW Government, p 22.

Finding 5

That simply providing opportunity for contact with others is not in itself sufficient to tackle loneliness. Activities to build social connection need to facilitate connections that make participants feel valued, supported and connected.

- 4.46** In implementing a whole of society approach, the government should not only coordinate but also actively promote and support the development of impactful strategies that take into consideration protective factors that may mitigate experiences of loneliness. As part of this, the committee recognises the significance of volunteering in providing opportunities for people to engage in their community, to build quality social connections, and to develop a sense of belonging and purpose, all of which are known protective factors against loneliness. We also recognise the dual benefit, whereby many volunteers help to mitigate feelings of loneliness in others. Likewise the committee recognises that neighbourhood centres, whose important role in many communities is unpacked in chapter 6, as well as participation with local sporting and social clubs, all have a similar impact in terms of building community, and enabling social participation and meaningful connections.
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Finding 6

That there are protective factors that may mitigate the experience of loneliness including a sense of belonging and purpose, feeling valued, social connections, community participation, good physical and mental health, accessibility and inclusion, and awareness and understanding of loneliness itself.

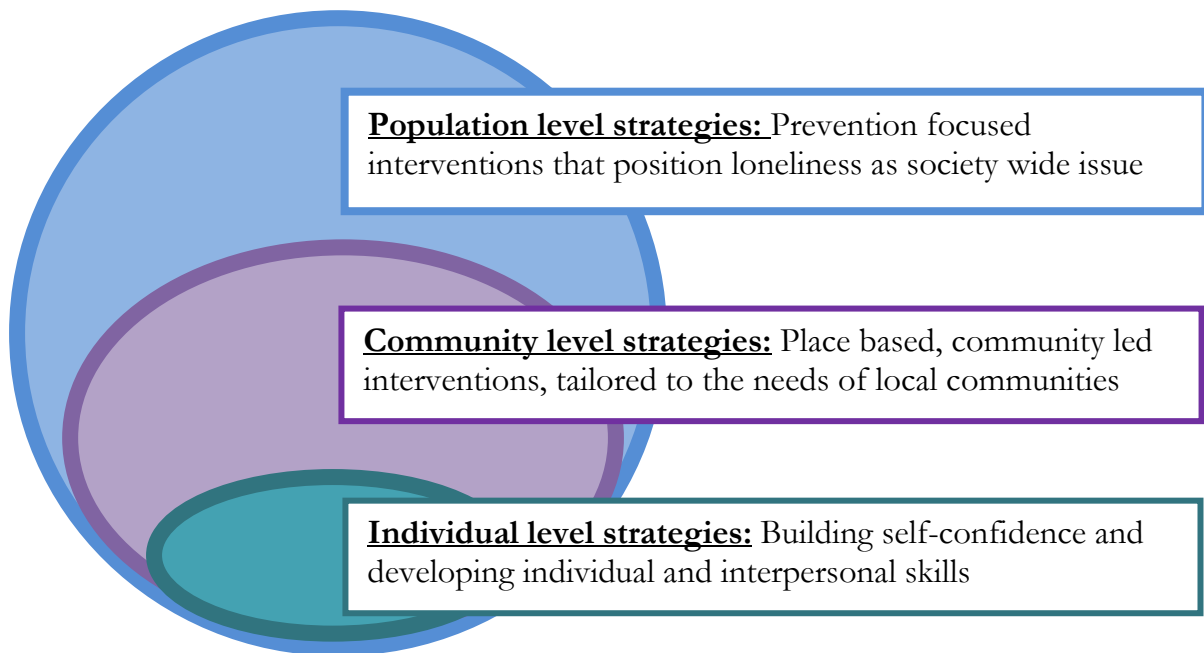
Finding 7

That neighbourhood centres and volunteering programs, as well as participation with local sporting and social clubs, provide opportunities to build quality social connections, a sense of belonging and purpose and community participation, that may mitigate the experience of loneliness.

- 4.47** As elaborated on in subsequent chapters of this report, these strategies should be diverse and inclusive, incorporating a range of formats, including digital strategies, face-to-face engagement, tailored individual support, enriching group activities and large-scale campaigns. We also recognise that such an approach must prioritise inclusion of those most at risk and most deeply affected.
- 4.48** The committee heard that traditionally, strategies to address loneliness have mostly been focused on the individual, with some investment at the community level. It became clear to us that to truly address loneliness, we need greater investment in community level strategies, alongside an additional focus on population level strategies to prevent persistent loneliness. A population approach also reinforces that addressing loneliness is a whole of society responsibility. It is therefore necessary that a framework to address loneliness must occur at multiple levels, comprised of individual level, community level and population level strategies.
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- 4.49 As visual representation of the committee's proposed multilayered approach is provided in Figure 3, below.

Figure 3 Circle diagram of a multilayered approach to loneliness



- 4.50 Therefore, to tackle the pervasive issue of loneliness in New South Wales, the committee recommends that the NSW Government embrace a comprehensive, whole of society framework, in which loneliness is addressed on an individual, community and population level. Within this framework, the full range of actors must all play their part in addressing loneliness, including state and local government, health and community professionals, community organisations, businesses, local communities, researchers and individuals. The framework should focus both on the population as a whole as well as those groups that are most at risk.

Recommendation 1

That the NSW Government embrace a comprehensive, whole of society framework in which loneliness is addressed on an individual, community and population level, with the full range of actors all playing their part in addressing loneliness, including state and local government, health and community professionals, the community and private sectors, local communities, researchers and individuals. The framework should target the population as a whole as well as groups and individuals that are most at risk.

- 4.51 Turning to the remainder of the report, each of the three levels of intervention – individual, community and population – are examined in more detail in chapters 5, 6 and 7. A consistent theme in each of these chapters is supporting individuals to build meaningful connections and embedding social connectedness into strategies.

- 4.52** Chapter 5 considers some of the individual focused strategies shared by inquiry participants. These strategies generally support individuals to develop the skills and confidence necessary to form meaningful connections with others and prompt them to connect. To achieve this, they may seek to reframe how people think about loneliness, provide opportunities for individuals to share their experiences with peers or mentors, connect individuals with a social prescribing 'link worker' who can support them to identify and engage with community programs, or offer alternative forms of connection.
- 4.53** Chapter 6 examines community focused strategies that primarily aim to create opportunities for individuals to form and maintain meaningful social connections through the development of place-based, community-led programs that are tailored to the needs of local residents. Notable community-focused strategies include investment in social infrastructure, including neighbourhood and community centres and building connected communities through urban design, supported by necessary transport infrastructure and 'third spaces'.
- 4.54** Chapter 7 considers population focused strategies recommended by inquiry participants that seek to enhance community awareness, build workforce capabilities, embed loneliness and social connection into policy and practice, streamline the identification of existing services and supports through the creation of a community directory, and which prioritise low cost to participants.
- 4.55** Finally, chapter 8 further examines the role of the NSW Government in the comprehensive, whole of society approach that we envisage for addressing loneliness in New South Wales.

Chapter 5 Individual focused strategies

In the previous chapter the committee recognised that to truly address the complex, substantial and profoundly human problem of loneliness, we need to adopt a 'whole of society framework', in which a broad range of sectors and actors all play a role – not only government, but also the community sector, the health sector, the private sector, the workplace, researchers, community groups, as well as individuals across every community. We also recognised that to truly address loneliness, this framework, must incorporate a multilayered approach with strategies that are focused on the individual, on the community, and on the population.

This chapter examines the evidence the committee received on individual level strategies to address loneliness. This includes interventions that explicitly target the unique needs of at risk individuals and those already experiencing loneliness, by empowering them with the relevant skills, knowledge and confidence to form and maintain meaningful connections.

It starts by exploring strategies that seek to change the way people think about their circumstances and connections. It then examines, in detail, the social prescribing link worker model – a multi-level strategy to address loneliness. Next, this chapter unpacks interventions that primary focus on sharing lived experiences. And finally, it considers the role of alternative forms of companionship.

Notable examples of individual focused strategies shared with the committee include psychological interventions, the social prescribing link worker model, peer support programs (including mentoring), and alternative forms of companionship in the form of companion animals and artificial intelligence. As will be demonstrated in this chapter, these individual strategies focus, in whole or in part, on personal growth, by enhancing their psychological, emotional and social skills, as well as building their self-confidence and sense of belonging and purpose.

Changing the way people think about their circumstances and connections

- 5.1** As discussed in chapter 2, there are various individual-level risk factors that cause and maintain loneliness. This includes personality and cognitive traits, and internalised stigma that can impact the way people think about their circumstances and social relationships and consequently undermine their ability to form meaningful connections. Some inquiry participants identified individual focused strategies, including digital interventions, that could be implemented to address these issues. Such examples are examined in the subsections below.
- 5.2** Inquiry participants also advocated for the use of population focused strategies to change the way people think about loneliness, such as through the implementation of a community awareness campaign. These are unpacked in chapter 7.

Psychological interventions targeting maladaptive cognitions

- 5.3** As mentioned in chapter 4, Professor Viviana Wuthrich, Director of the Lifespan Health and Wellbeing Research Centre, Macquarie University, told the committee that simply encouraging people to engage in social activities is not enough – it is also necessary to target the psychological

factors that cause and maintain loneliness.³⁸¹ In doing so, she contended that successful loneliness interventions are the ones that target underlying individual psychological factors:

When you look at interventions that have been successful in targeting loneliness, so far they have been psychological interventions that use some sort of way of targeting changes in behaviour and changing cognitions in some way. Others haven't really drilled down on what the fundamental cognitive basis is in the way that we have done, but we know that those sorts of strategies—those cognitive behavioural therapy strategies—have been applied in a couple of different formats: some of them digital, some of them face to face, some of them group. They're the ones that we are seeing actually have an effect on loneliness.³⁸²

- 5.4** In its submission, Macquarie University's Lifespan Health and Wellbeing Research Centre pointed to experimental research showing that group cognitive behavioural therapy, combined with increased community participation, is an effective strategy for addressing the maladaptive cognitions associated with loneliness specifically amongst older people, and called for further research in this space:

We have shown that group cognitive behavioural therapy for treating depression and anxiety in an older community sample that targeting maladaptive cognitions associated with loneliness, and increasing participation in social activities resulted in medium effect size reductions in loneliness symptoms over time compared to waitlist controls, and this benefit was maintained three-months later ... In a series of novel experimental studies our team has identified key cognitive mechanisms that are specific to feelings of loneliness ... and that targeting these specific cognitions using cognitive therapy strategies reduced feelings of loneliness ... More targeted research is needed to understand the key components of interventions to treat loneliness so more effective interventions can be developed.³⁸³

- 5.5** This committee heard that this intervention would need to be supported by population level strategies aimed at building the capacity of healthcare professionals to identify and respond to individuals experiencing loneliness. This population level intervention is considered in chapter 7.

Digital intervention: Nod app

- 5.6** Another intervention that targets an individual's thoughts and behaviours was highlighted in Groundswell Foundation's *Connections Matter* literature review prepared by KPMG. Nod, a mobile phone app designed to support young people transitioning from high school into university, uses positive psychology, mindfulness and cognitive behavioural skills to support students to build social connections and confidence:

Nod ... [uses] positive psychology, mindfulness-based self-compassion and cognitive-behavioural skills. Its key features include social challenges — suggested ideas for taking action to build social connections; reflections — short in-app exercises that help students process social experiences and reduce self-criticism; and written testimonials

³⁸¹ Evidence, Professor Viviana Wuthrich, Director, Lifespan Health and Wellbeing Research Centre, Macquarie University, 15 November 2024, pp 42 and 46.

³⁸² Evidence, Professor Wuthrich, 15 November 2024, p 45.

³⁸³ Submission 131, Macquarie University Lifespan Health and Wellbeing Research Centre, p 6.

that encourage a growth mindset toward social connection building. Nod offers options for challenges that include both virtual and safe in-person connections.³⁸⁴

Social prescribing: supporting individuals to connect with community programs

- 5.7 The committee heard that social prescribing, an intervention model that connects isolated individuals to non-medical community activities and resources, is a well-known and effective strategy for addressing loneliness.³⁸⁵
- 5.8 Associate Professor JR Baker of the Chair, Australian Social Prescribing Institute of Research and Education (ASPIRE), underscored that the goal of social prescribing is to support people to connect with others, find meaning and purpose, and engage with their community.³⁸⁶
- 5.9 There are different social prescribing models, however most inquiry participants referred to and expressed support for the link worker model.³⁸⁷ Whilst social prescribing is often described as a community level intervention, the link worker model includes notable features of individual level strategies, including a focus on coaching, skills development, and the creation of a personalised plan. The individual level components of the social prescribing framework are further examined in the following subsections.

What is social prescribing?

- 5.10 As described by participants, the social prescribing link worker model involves a trusted referrer, usually a healthcare professional, who identifies a person at risk of loneliness and isolation.³⁸⁸ The trusted referrer then connects the individual with a link worker, someone who is embedded in the local community and aware of existing services and initiatives, who can support the at risk individual to develop a personalised plan to connect with others and their community.³⁸⁹ In doing so, the link worker acts as a resource for information 'identifying opportunities and avenues for enrichment to their quality of life'.³⁹⁰ A visual representation of the social prescribing model is provided in Figure 4 below.

³⁸⁴ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 21.

³⁸⁵ See for example: Submission 116, Australian Social Prescribing Institute of Research and Education, p 6; Submission 39, Monash University, p 7; Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 19.

³⁸⁶ Evidence, Associate Professor JR Baker, Chair, Australian Social Prescribing Institute of Research and Education, 6 February 2025, p 18.

³⁸⁷ See for example: Evidence, Dr Rosanne Freak-Poli, Senior Research Fellow, Monash University, 15 November 2024, p 49; Evidence, Ms Jenny Kirschner, Pharmacist and Founder, Pharmacy Addressing Loneliness and Social-isolation, 6 February 2025, p 25.

³⁸⁸ Submission 116, Australian Social Prescribing Institute of Research and Education, p 6; Evidence, Dr Freak-Poli, 15 November 2024, p 45.

³⁸⁹ Submission 116, Australian Social Prescribing Institute of Research and Education, p 6; Evidence, Ms Jennifer Black, Commissioner, Mental Health Commission of New South Wales, 12 December 2024, p 12

³⁹⁰ Submission 116, Australian Social Prescribing Institute of Research and Education, p 6.

- 5.11** Dr Rosanne Freak-Poli, Senior Research Fellow, Monash University, was one of many stakeholders who advocated for the social prescribing link worker model, further explaining the personalised, socially focused approach:

The optimal version [of social prescribing] is someone sits down and gives [a person] one-on-one support to think about what their needs are, what their interests are, and also to determine if they've got any social determinants that are preventing them from socialising.³⁹¹

- 5.12** Whilst the social prescribing link worker model has been included in this chapter as an individual focused strategy to address loneliness, this intervention is more accurately considered to be a multi-level intervention, incorporating a combination of individual and community level strategies. As summarised by ASPIRE, social prescribing creates a coordinated, community level response to loneliness that seeks to strengthen the 'entire ecosystem of community supports':

Social prescribing tackles these systemic issues by creating a coordinated, community-level response. It works by establishing formal pathways between healthcare providers, social services, and community organizations, while training link workers who understand local resources and barriers. This structured approach helps identify people at risk of isolation early, connects them with appropriate community supports, and builds the capacity of local organizations to sustain these connections. Rather than treating loneliness as an individual problem, social prescribing strengthens the entire ecosystem of community support - from neighbourhood groups and cultural programs to physical activity initiatives and volunteer networks. This creates a sustainable foundation for social connection that can adapt to local needs and resources.³⁹²

- 5.13** Further discussion about community focused strategies is included in chapter 6.

- 5.14** As outlined by ASPIRE, the success of social prescribing rests on systematic integration within the healthcare system so that for healthcare professionals, who have regular contact with individuals most at risk, can identify and respond to loneliness.³⁹³ Integration with the healthcare system must be supported through the provision of training, resources and incentives for frontline workers.³⁹⁴ As noted earlier, population level strategies aimed at building the capacity of healthcare professional are considered in chapter 7. Also critical to the success of social prescribing are partnerships with community and grassroots organisations who offer a variety of community activities and resources, along with the availability of third spaces that provide opportunities for formal and informal social interaction.³⁹⁵ The role of community and grassroots organisation and third spaces is further examined in chapter 6.

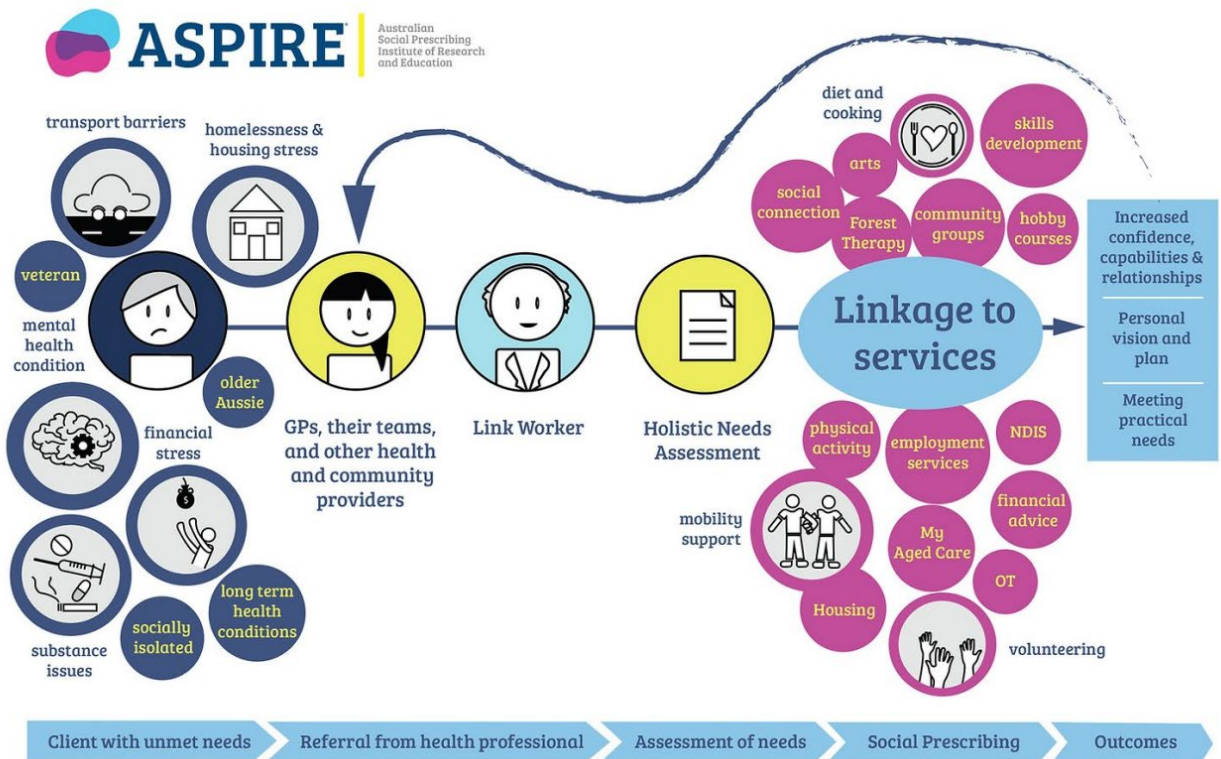
³⁹¹ Evidence, Dr Freak-Poli, 15 November 2024, p 45; 49.

³⁹² Submission 116, Australian Social Prescribing Institute of Research and Education, p 7.

³⁹³ Submission 116, Australian Social Prescribing Institute of Research and Education, pp 25 and 35.

³⁹⁴ Submission 116, Australian Social Prescribing Institute of Research and Education, pp 25-26.

³⁹⁵ Submission 116, Australian Social Prescribing Institute of Research and Education p 26.

Figure 4 Social prescribing model provided by ASPIRE

Source: Submission 116, Australian Social Prescribing Institute of Research and Education, p 35.

Coaching, skills development and personalised plan

- 5.15** Associate Professor Baker informed the committee that within the social prescribing model, link workers can provide coaching and 'warm connection activities' to individuals at risk of loneliness, to help build their confidence and skills to engage with community programs and services.³⁹⁶ Similarly, Ms Jennifer Black, Mental Health Commissioner of New South Wales, acknowledged the crucial role played by link workers in coaching individuals to connect with community resources:

Let's face it: If we could go and enter a group, we might do that, but if we've been isolated for a long time, the barrier to going out there and putting yourself out there might be greater. Someone might need some coaching in that context to actually get to that point. For me, social prescribing is actually having these link workers that can help people connect to those naturally occurring community resources that exist.³⁹⁷

- 5.16** Further to this, Dr Freak-Poli emphasised that an individual's personalised plan is carefully tailored to match their unique interest and needs.³⁹⁸ In this context, she remarked that social prescribing could play a role, for example, in alleviating financial barriers that underpin an individual's experiences of loneliness as 'the link worker can work towards finding [community

³⁹⁶ Evidence, Associate Professor Baker, 6 February 2025, p 21.

³⁹⁷ Evidence, Ms Black, 12 December 2024, p 12.

³⁹⁸ Evidence, Dr Freak-Poli, 15 November 2024, p 45.

groups and activities] that are less expensive or free, which are available but sometimes can be hard to find'.³⁹⁹

Evidence and evaluation

5.17 The committee was told that various studies have examined the effectiveness of social prescribing.⁴⁰⁰ ASPIRE reported that as a preventative intervention, social prescribing has been associated with long-term cost benefits. More specifically, ASPIRE advised that programs conducted in various jurisdictions have demonstrated that social prescribing practices can:

- reduce pressure on primary care and mental health services
- decrease medication dependence
- lower hospital admission rates
- improve workforce participation outcomes
- enhance community resilience.⁴⁰¹

5.18 ASPIRE referred to the positive outcomes reported in a New South Wales study whereby social prescribing was used to mitigate experiences of loneliness amongst people with workplace injuries:

This landmark Australian study showed significant reductions in loneliness and improvements in quality of life and mental wellbeing for people with workplace injuries. The program's ... demonstrated strong economic returns with [Insurance & Care NSW] evaluation reporting a Social Return on Investment of \$3.84 for every dollar invested.⁴⁰²

5.19 Studies have also examined the effectiveness of nature-based social prescribing whereby a person is 'prescribed' activities in nature, with less emphasis on a link worker. However, participants, including ASPIRE, acknowledged that further research is needed in this space:

The benefits of nature engagement through social prescribing are particularly noteworthy. Adults who spent just 1-2 hours per week in nature showed a 69% increase in the odds of finding relief from loneliness at 4 months, with benefits increasing to 110% at 16 months. However, implementation success requires addressing practical barriers. Research shows that a lack of companionship is a major obstacle to nature engagement, highlighting the importance of structured programs and group activities within the social prescribing framework. These nature-based prescriptions have already demonstrated success in reducing blood pressure, depression, and anxiety. The next step is to conduct randomised trials specifically examining their effectiveness in reducing loneliness, ensuring cost-effective and sustainable implementation.⁴⁰³

³⁹⁹ Evidence, Dr Freak-Poli, 15 November 2024, p 47.

⁴⁰⁰ Evidence, Associate Professor Baker, 6 February 2025, p 17; Submission 116, Australian Social Prescribing Institute of Research and Education, pp 11-12.

⁴⁰¹ Submission 116, Australian Social Prescribing Institute of Research and Education, p 13.

⁴⁰² Submission 116, Australian Social Prescribing Institute of Research and Education p 11.

⁴⁰³ Submission 116, Australian Social Prescribing Institute of Research and Education, p 20.

- 5.20** The committee heard that extensive research examining the relationship between nature and individuals' health and wellbeing has been undertaken by Professor Thomas Astell-Burt, Professor of Cities and Planetary Health, University of Sydney School of Architecture, Design and Planning, and Founding Co-Director, Population Wellbeing and Environment Research Lab (PowerLab) and Professor Xiaoqi Feng, Professor of Urban Health and Environment, University of New South Wales School of Population Health, and Founding Co-Director PowerLab. Their work is further examined in chapter 6, in positive impact of green spaces.
- 5.21** Beyond Blue referred to key findings from social prescribing trials conducted in Queensland and Victoria. In Queensland, a state-wide trial was implemented using a model of social prescribing pioneered by the Mount Gravatt Community Centre and recommended in the Queensland Parliament's Community Support and Services Committee's report of the inquiry into social isolation and loneliness in Queensland. Trial evaluations demonstrated 'significantly positive results, in which social prescribing helped break down barriers to social connection and rebuild clients' sense of self after disconnection from community'.⁴⁰⁴
- 5.22** Beyond Blue also advised that the Victorian government is trialling a social prescribing link worker model through its Mental Health and Wellbeing Locals, and that initial trial findings indicate that 'social prescribing is having a positive impact and reducing loneliness within the community'.⁴⁰⁵ The initial findings also identified that a key strength associated with this social prescribing model is its focus on community development, with link workers supporting community initiatives to build safe, inclusive and welcoming spaces through upskilling and training. Trial findings also identified the notable enablers necessary for the successful implementation of a social prescribing framework, including funding, referral pathways, signposting and community awareness, stakeholder relationships and a directory of local activities and services. Lastly, the following barriers to social prescribing were identified: a lack of awareness by GPs, the absence of a GP referral system, and uncertainty with ongoing funding.⁴⁰⁶
- 5.23** A number of inquiry participants called for the implementation of a national and statewide social prescribing strategy including ASPIRE, the Pharmaceutical Society of Australia, Beyond Blue, Pharmacy Addressing Loneliness and Social-isolation and the NSW Carers Advisory Council.⁴⁰⁷ ASPIRE recommended that a statewide social prescribing framework be implemented that:
- establishes systemic referral pathways
 - supports link worker training and deployment
 - enables integration between health and community services
 - provides sustainable funding mechanisms

⁴⁰⁴ Submission 114, Beyond Blue, p 5.

⁴⁰⁵ Submission 114, Beyond Blue, p 5.

⁴⁰⁶ Submission 114, Beyond Blue, p 5.

⁴⁰⁷ See for example: Submission 116, Australian Social Prescribing Institute of Research and Education, p 28; Submission 108, Pharmaceutical Society of Australia, pp 9-10; Submission 114, Beyond Blue, pp 3-4 Submission 42, Pharmacy Addressing Loneliness and Social-isolation (PALS), pp 3, 6; Evidence, Ms Kirschner, 6 February 2025, p 24; Submission 23, NSW Carers Advisory Council, p 12.

- establishes clear evaluation protocols.⁴⁰⁸

Areas of caution

- 5.24** While there was significant support for social prescribing expressed during this inquiry, some stakeholders raised concerns in relation to social prescribing practices. Some were concerned about a risk of social prescribing practice unintentionally medicalising loneliness.⁴⁰⁹
- 5.25** Speaking in his personal capacity, Dr Murray Wright, PSM, Chief Psychiatrist, NSW Health expressed concerns that social prescribing may 'inadvertently over-medicalise' loneliness, leading to loneliness being viewed as something that can only be diagnosed through a clinical encounter.⁴¹⁰ He went on to explain that this would be problematic as everyone can play a role in identifying people who might be lonely then providing support.⁴¹¹ On the other hand, Dr Wright acknowledged the positive role of social prescribing in ensuring that service providers, including healthcare professionals, are alert to the fact that people accessing their services may be experiencing loneliness, and can provide them with advice for how to respond effectively.⁴¹²
- 5.26** Ms Elisabeth Shaw, Chief Executive Officer of Relationships Australia NSW, also voiced concerns about the potential for medicalisation. She noted that with the emphasis on 'prescribing' there is a risk that the practice may be 'become glib', especially if an individual is simply referred to a service or activity, without receiving necessary supports to develop their confidence and microskills, which actually contribute to loneliness or other underlying problems, like gambling.⁴¹³ She stressed to the committee that building social skills is essential to addressing loneliness,⁴¹⁴ and explained that bringing people together without first building their skills and confidence can sometimes do more harm than good, observing that 'if someone is shy, in transition, lacking confidence or just has never built those social skills, being in a room with others can be an intensely lonely experience'.⁴¹⁵
- 5.27** Inquiry participants also noted that the effectiveness of social prescribing practices may be limited by a lack of available services and supports. For example, Ms Shaw flagged that key players need to be alert to the fact that the services people need may not actually exist in their community.⁴¹⁶ Additionally, some stakeholders, including Ms Carly Dober, Policy Coordinator and Psychologist with the Australian Association of Psychologists Inc, noted that the

⁴⁰⁸ Submission 116, Australian Social Prescribing Institute of Research and Education, p 28.

⁴⁰⁹ Evidence, Dr Murray Wright, PSM, Chief Psychiatrist, NSW Health, 12 December 2024, p 6; Evidence, Ms Elisabeth Shaw, Chief Executive Officer, Relationships Australia NSW, 15 November 2024, p 31.

⁴¹⁰ Evidence, Dr Wright, PSM, 12 December 2024, p 6.

⁴¹¹ Evidence, Dr Wright, PSM, 12 December 2024, p 6.

⁴¹² Evidence, Dr Wright, PSM, 12 December 2024, p 6.

⁴¹³ Evidence, Ms Shaw, 15 November 2024, p 31.

⁴¹⁴ Evidence, Ms Shaw, 15 November 2024, p 27.

⁴¹⁵ Evidence, Ms Shaw, 15 November 2024, p 27.

⁴¹⁶ Evidence, Ms Shaw, 15 November 2024, p 31.

effectiveness of social prescribing may be undermined by a lack of awareness amongst health professionals of the social prescribing movement.⁴¹⁷

- 5.28** Inquiry participants concurred that while evaluations of social prescribing programs are promising, further research is needed to better understand the effectiveness of social prescribing as a means of addressing loneliness. Mr Greg Jennings, Chief Engagement Officer with Beyond Blue, told the committee that more research is needed to ensure social prescribing achieves 'the outcomes it intends to achieve both in terms of loneliness and then, more broadly, in terms of social participation, mental health and wellbeing, community cohesion'.⁴¹⁸ He concluded that 'it's promising, but we don't think it's a simple solution here. We think it's part of a broader, comprehensive solution, all of which need robust monitoring and evaluation to determine their ongoing efficacy'.⁴¹⁹

NSW Government initiative: The Welcome Experience

- 5.29** The Welcome Experience is a component of The Essential Worker Attraction Program delivered by NSW Department of Primary Industries and Regional Development (DPIRD).⁴²⁰ It is a 'personalised concierge service' that supports essential workers and their families 'to settle into new communities and form social connections' with the goal of enabling their long-term settlement in to the community.⁴²¹ The Welcome Experience, a NSW government led initiative operates in a similar manner to social prescribing link worker model. A key difference is that this initiative is not systematically integrated into existing healthcare pathways.
- 5.30** Ms Josie Howard, Director of Regional Workforce, Policy Reform and Evidence, DPIRD, advised the committee that within this model essential workers are support by 'Local Connectors' who are well informed of activities, services and supports available in their community. These Local Connectors are employed by different host agencies in each location.⁴²²
- 5.31** In highlighting the need for this program, Ms Howard explained that a lack of community connection often leads to essential workers in regional communities moving back to their previous place of residence stating that 'unless they have that community connection, and unless they find their people and build more than just a job they are likely to move back to where they find their people within two to three years'.⁴²³
- 5.32** Ms Howard further advised the committee that the program commenced in response to feedback from participants in the Essential Workers Attraction Program:

⁴¹⁷ Evidence, Ms Carly Dober, Policy Coordinator and Psychologist, Australian Association of Psychologists Inc, 15 November 2024, p 15.

⁴¹⁸ Evidence, Mr Greg Jennings, Chief Engagement Officer, Beyond Blue, 15 November 2024, p 30.

⁴¹⁹ Evidence, Mr Jennings, 15 November 2024, p 30.

⁴²⁰ Submission 125, NSW Government, p 22.

⁴²¹ Submission 125, NSW Government, pp 22-23; Evidence, Ms Josie Howard, Director of Regional Workforce, Policy Reform and Evidence, Department of Primary Industries and Regional Development, NSW Government, 7 February 2025, p 23.

⁴²² Answers to questions on notice, Ms Josie Howard, Director of Regional Workforce, Policy Reform and Evidence, Department of Primary Industries and Regional Development, NSW Government, 4 March 2025, p 7.

⁴²³ Evidence, Ms Howard, 7 February 2025, p 23.

Interestingly, the second highest thing that people were asking for is social connection. The second highest thing that our essential workers are asking for is, "How can I connect my family and myself into things bigger than just the workplace that we're moving to?"⁴²⁴

- 5.33** Ms Howard emphasised that Local Connectors, much like link workers, are a critical part of The Welcome Experience program:

I often talk about the Local Connectors as being the linchpin. They are the most important part of the program. They are the face of that community from the time that someone thinks about moving to the time they actually land on the doorstep. Whilst it's probably a hard thing to be able to employ for, they are local to the community and they are well connected. Then the role itself actually keeps them connected because it's about pushing them out into community and bringing people into the experience themselves.⁴²⁵

- 5.34** Ms Howard confirmed that as of February 2025, 1,073 essential workers live in regional areas and received support as part of this program and a further 156 workers have registered their intention to relocate through the program system. Further to this, The Welcome Experience operates in 55 regional local government areas (LGAs) supported by 33 Local Connectors.⁴²⁶ Ms Howard explained that the remaining 38 regional LGA around the state do not receive program services due to funding limitations, and pointed to the additional coverage and support that further funding would enable:

Most host agencies would like to service a larger area, however are limited in what LGAs they can cover by the funding they have available. As these 38 LGAs are also in need of essential workers, many host agencies receive inquiries from essential workers and employers that are not in an area serviced by a program. Additional funding to cover a larger area would resolve this issue.⁴²⁷

Sharing lived experiences

- 5.35** As noted in chapter 2, an individual's experience of loneliness may be influenced by internalised stigma and negative community attitudes. Participants told the committee that on an individual level, loneliness and the stigma that accompanies it could be addressed by providing opportunities for people to share their experiences. Humans:Connecting explained that sharing lived experiences helps to destigmatise loneliness and empowers others to speak up and take action. This organisation also noted that sharing lived experiences is more meaningful and ultimately more effective than talking about loneliness in statistical terms:

Talking about loneliness in statistical terms and how it affects our physical, mental, emotional and social wellbeing does not resonate. Humans do not easily relate to statistics; we relate to stories. Loneliness is destigmatised by moving from talking about it in the third person ('Loneliness is...') and second person ('You're not alone') into the first person ('I experienced loneliness when...').

⁴²⁴ Evidence, Ms Howard, 7 February 2025, p 24.

⁴²⁵ Evidence, Ms Howard, 7 February 2025, p 27.

⁴²⁶ Answers to questions on notice, Ms Josie Howard, p 6.

⁴²⁷ Answers to questions on notice, Ms Josie Howard, p 6.

Stories of loneliness and social connection need to be shared and amplified: they inspire, they empower, and they encourage people to take steps towards connection.⁴²⁸

- 5.36** Further to this, the Mental Health Carers NSW (MHCN) Psychosocial Disability Systemic Advocacy Provider, illuminated to the committee that sharing lived experiences enables people to feel understood which in turn enhances their self confidence and wellbeing:

Knowing that you are seen and listened to builds confidence and trust, which can lead to positive mental health and wellbeing and combat the social isolation arising from perceived and reported stigma. “Having someone who ‘got’ me meant I didn’t feel so alone or different from everyone else for a second.”⁴²⁹

- 5.37** The committee heard about a number of existing initiatives that focus on empowering people to share lived experiences. These have been demonstrated to play an important role in enhancing social connections, raising awareness and destigmatising loneliness, addressing problematic gender norms, and supporting individuals to navigate key life transitions. Notable examples include:

- peer support programs
- It's a Mind Field! podcast
- One Door Mental Health's Circle of Support Model.

- 5.38** These initiatives and strategies are summarised below. It is noted at that many of the programs examined in this section, including the Mentoring Men initiative, were supported and evaluated by the Mental Health Commission of NSW as part of its 2020-2024 Loneliness Program.⁴³⁰

Peer support

- 5.39** A number of inquiry participants identified peer support as a valuable mechanism for responding to and mitigating experiences of loneliness. Ms Zoë Robinson, NSW Advocate for Children and Young People, advised the committee that many young people are eager to access peer-to-peer support services. She explained that connecting with individuals who have gone through similar experiences is a 'foundational strength' as young people transition through different life stages:

[W]hen young people would tell us about what they want in terms of services, they're talking about peer-to-peer support. They really want that consistency of people like them, or people that they can relate to, being around them. The importance of having people who have had similar experiences to you, that is so important. That is part of everyone's experience in terms of a school community, a university community, a working community—all of that. Finding people who have experienced the same things about where you live and experienced the same things about your school community—

⁴²⁸ Submission 62, Humans:Connecting, p 16.

⁴²⁹ Submission 118, Mental Health Carers NSW Psychosocial Disability Systemic Advocacy Provider, p 19.

⁴³⁰ Submission 69, Mental Health Commission of NSW, p 15.

all of that is so important in terms of foundational strength for children and young people as they move through the stages of life.⁴³¹

- 5.40** Beyond young people, peer support programs were also identified as being beneficial for people with disability, carers and people with lived experience of mental health issues.⁴³²
- 5.41** The NSW Council for Intellectual Disability (CID) advocated for the expansion of peer support and mentoring programs for people with intellectual disability on the basis that 'they provide an important network for individuals with intellectual disability to form meaningful relationships with others who share similar experiences'.⁴³³ CID further advised the committee that such programs 'should be designed to promote the development of friendships and social networks, helping to mitigate the isolation' that many people with intellectual disability experience.⁴³⁴ The council also emphasised that it is critical to ensure that peer support programs are advertised and promoted in manner that is accessible to people with intellectual disability.⁴³⁵
- 5.42** In a similar vein, the NSW Carers Advisory Council told the committee that carer support networks are widely recognised as providing opportunities for carers to gain support by sharing their experiences and resources and are well demonstrated to reduce isolation. The advisory council recommended that more local and online peer support groups be created, and existing networks be strengthened.⁴³⁶ Carer Gateway was identified by Mental Health Carers NSW Inc., as an example of an existing initiative that links carers to peer support groups.⁴³⁷
- 5.43** Further to this, the Mental Health Carers NSW (MHCN) Psychosocial Disability Systemic Advocacy Provider, highlighted the importance of strengthening social connections amongst carers, advising the committee that loneliness is mitigated when 'people have multiple sources of support such as in the community, at school, in support groups, and by interacting with people outside your immediate circle'.⁴³⁸
- 5.44** Carers NSW advised the committee that peer support is highly regarded by carers. However, drawing upon key findings set out in its 2024 National Carers Survey, the peak body reported that an unmet need exists, with 36 per cent of carers unable to access the peer support options they would have liked:

Peer support is an important element of support for carers, with carers reporting high regard for opportunities to be able to share their experiences with, and receive understanding and guidance from, other carers in similar circumstances. The Carers

⁴³¹ Evidence, Ms Zoë Robinson, Advocate for Children and Young People, Office of the Advocate for Children and Young People, 12 December 2024, p 33.

⁴³² See for example: Submission 52, NSW Council for Intellectual Disability, p 6; Submission 23, NSW Carers Advisory Council, p 10; Submission 118, Mental Health Carers NSW Psychosocial Disability Systemic Advocacy Provider, p 19; Answers to questions on Notice, Dr Tadgh McMahon, Head of Research and Policy, SSI, 9 January 2025, p 18.

⁴³³ Submission 52, NSW Council for Intellectual Disability, p 6.

⁴³⁴ Submission 52, NSW Council for Intellectual Disability, p 6.

⁴³⁵ Submission 52, NSW Council for Intellectual Disability, p 6.

⁴³⁶ Submission 23, NSW Carers Advisory Council, p 10.

⁴³⁷ Submission 111, Mental Health Carers NSW Inc, p 10

⁴³⁸ Submission 118, Mental Health Carers NSW Psychosocial Disability Systemic Advocacy Provider, p 19.

NSW 2024 National Carer Survey found that while many carers who were accessing online or in-person peer support were having their needs for this type support met, more than 1 in 3 (36%) were not accessing peer support but reported an unmet need for online and in-person peer support. This suggests that where carers are able to access appropriate peer support options that align with their availability and needs, they are satisfied with this support, however there is a significant cohort of carers who would like to access peer support and are unable to find any suitable peer support options to do so.⁴³⁹

- 5.45** Carers NSW further told the committee that carers may be unable to access online peer support services, due to a lack of digital skills or confidence, or poor digital infrastructure, with the latter identified as a significant barrier for carers living in regional or remote communities.⁴⁴⁰
- 5.46** The Mental Health Commission of NSW told the committee about another peer support model called Compeer, a social engagement program led by St Vincent de Paul Society (Canberra/Goulbourn) designed to connect adults living with diagnosed mental health condition with volunteers from the community.⁴⁴¹ As part of this program, participants are matched with a volunteer, with a commitment to meeting for at least four hours each month over a 12-month period. They are also able to attend bi-monthly gatherings and events with other participants and volunteers in the program.
- 5.47** The commission explained to the committee that the intention of the Compeer program is to foster social connections, enhance community engagement and improve overall wellbeing and quality of life.⁴⁴² Furthermore, the commission stated that 'Each match between a participant and a volunteer offers the participant access to social activities, a supportive friend, and a link to community resources'.⁴⁴³
- 5.48** Another example of the positive impact of peer support initiatives is highlighted in case study below produced by Beyond Blue in reference to their online peer support forums.⁴⁴⁴
- 5.49** In recognition of the invaluable supports offered by peer support and mentoring programs, participants called on the NSW Government to invest in and expand the availability these initiatives. For example:
- Carers NSW recommended that the government, 'Invest in initiatives aimed at strengthening carers' access to ongoing and appropriate peer support, especially for young carers and male carers who report additional barriers to accessing peer support'⁴⁴⁵
 - the NSW Carers Advisory Council called on the NSW Government to 'create or strengthen local and online peer support groups'⁴⁴⁶

⁴³⁹ Submission 134, Carers NSW, p 7.

⁴⁴⁰ Submission 134, Carers NSW, p 7.

⁴⁴¹ Submission 69, The Mental Health Commission of NSW, p 18

⁴⁴² Submission 69, The Mental Health Commission of NSW, p 18

⁴⁴³ Submission 69, The Mental Health Commission of NSW, p 18

⁴⁴⁴ Submission 114, Beyond Blue, p 6.

⁴⁴⁵ Submission 134, Carers NSW, p 8.

⁴⁴⁶ Submission 23, NSW Carers Advisory Council, p 20.

- the Council of Intellectual Disability expressed support for the 'expansion of both peer support and mentorship programs' to support people with intellectual disability to 'form meaningful relationships with others who share similar experiences'.⁴⁴⁷

Case study: social connection through the Beyond Blue online peer support forums⁴⁴⁸

The Beyond Blue online peer support forums provide a safe and moderated space for people to share their individual experiences with mental health within a digital platform. The forums normalise experiences with mental health conditions, offer a place of support and decrease associated stigma. Support for feelings of loneliness or isolation are a common theme amongst forums users. For example, one forum user said:

"Every night and every weekend feels so hard to live through because it's just me, in an apartment, nobody to talk to, nowhere to go, too afraid to be seen in public alone because I have nothing exciting to share with people. I'm not one to put myself out there because I just feel people don't have time for me or wouldn't want my company any more than a few minutes. I just need something to help live with loneliness but I have no idea what and thought maybe someone here has some ideas that would help me"

The forums are an example of an existing initiative supporting people to connect, feel understood and exchange words of encouragement and advice. One forum community member told Beyond Blue, 'I found connection during such an isolated time and felt so relieved to hear others experiencing what I was experiencing'.

Survey results found that 67 per cent of NSW respondents were satisfied with the Beyond Blue Forums. 78 per cent of respondents reported that they felt heard and understood, and felt better knowing others had similar experiences.

As a result of using the Beyond Blue Forums, NSW respondents reported feeling slightly to significantly more connected to others (70 per cent), having a sense of belonging (73 per cent) and feeling less alone (71 per cent).

The positive impact of this initiative is highlighted in the following quote from a forum community member:

"I find the forums very helpful when I need advice when I am struggling. Sometimes having an outside view or even knowing someone is reading it to help can make me feel seen or heard. Also helping people and giving advice to other people I would like them to feel the same. I don't want ... anyone to feel alone. Hope [the Beyond Blue Forums] stay as I am sure it has helped so many people."

Mentoring programs

- 5.50** Under the umbrella of peer support, some inquiry participants told the committee about existing mentoring programs that have been demonstrated to reduce feelings of loneliness.

⁴⁴⁷ Submission 52, NSW Council for Intellectual Disability, p 6.

⁴⁴⁸ Submission 114, Beyond Blue, p 6.

- 5.51** For example, the committee heard from Mentoring Men, an organisation 'dedicated to reducing loneliness for men through free, long-term, one-to-one life mentoring'.⁴⁴⁹ Mentoring Men told the committee that their programs have been shown to be effective in reducing experiences of loneliness amongst mentees:

Our data indicates that 68% of mentees experienced a reduction in loneliness, demonstrating the effectiveness of mentorship in improving overall well-being. Opportunities to drive connection fosters growth and self-reflection into the factors that may [lead] those seeking a mentor to experience loneliness, [b]uilding further resilience.⁴⁵⁰

- 5.52** The effectiveness of the Mentoring Men program was recognised by the NSW Government who informed the committee:

This program demonstrated promising results in reducing loneliness particularly through mentorship. Through the pilot, Mentoring Men were able to train 163 new mentors and undertake research into the experience of loneliness among mentors and mentees using the UCLA Loneliness Scale. There was a substantial difference in reported loneliness rates between mentors and mentees.⁴⁵¹

- 5.53** Mentoring Men also highlighted to the committee that mentoring is a cost-effective intervention as it provides low-cost support to mentees and reduces the economic impacts of loneliness through improved health outcomes.⁴⁵² They thus called for mentoring to be recognised as a 'key strategy in public health approaches to reducing loneliness' along with community education to reduce stigma,⁴⁵³ discussed in more detail in chapter 7.

- 5.54** Another mentoring program introduced to the committee was run by the 'Top Blokes Foundation. Mr Daniel Allars, New South Wales State Manager, advised that the Top Blokes Foundation is a mental health charity that supports young males aged 10 to 24 through a three to six month long mentoring program led by qualified youth workers.⁴⁵⁴

- 5.55** Mr Allars further advised that the program provides young males with safe and supportive spaces that enable them to 'come together and learn how to build healthy and deep connections' while also providing the tools to navigate critical transition periods, including from adolescence to adulthood, which known to be a particularly vulnerable time for young males.⁴⁵⁵

- 5.56** The Top Blokes Foundation informed the committee that they currently support 2,500 young men across New South Wales, through programs delivered in 65 schools.⁴⁵⁶ They also deliver programs with community partners such as workplaces and community organisations, which

⁴⁴⁹ Evidence, Mrs Cassandra Gray, Chief Operating Officer, Mentoring Men, 12 December 2024, p 24.

⁴⁵⁰ Submission 37, Mentoring Men, pp 2 and 3.

⁴⁵¹ Submission 125, NSW Government, p 8.

⁴⁵² See for example: Submission 37, Mentoring Men, p 2

⁴⁵³ Submission 37, Mentoring Men, p 3.

⁴⁵⁴ Evidence, Mr Daniel Allars, New South Wales State Manager, Top Blokes Foundation, 12 December 2024, p 24.

⁴⁵⁵ Evidence, Mr Allars, 12 December 2024, p 24. See also, Submission 85, Top Blokes Foundation, p 5.

⁴⁵⁶ Submission 85, Top Blokes Foundation, p 5.

run for 10 to 20 weeks.⁴⁵⁷ The program supports young males to 'explore their sense of identity outside of the dominant forms and patterns of masculinity' and provides positive role models, who play a critical role in reducing social isolation and experiences of loneliness. The Foundation observed, 'When a role model demonstrates openness and transparency, young males feel less alone and can build up the trust and rapport needed to open up to someone'.⁴⁵⁸

'It's a Mind Field!' podcast

- 5.57** The 'It's a Mind Field!' (IAMF) podcast series explores the topic of social connectedness, supported by the Mental Health Commission of NSW and led by people with lived experience of mental health issues.⁴⁵⁹
- 5.58** Season 1, episode 3 of this podcast focused specifically on experiences of loneliness, with Chris Jaeger, producer, sharing his own personal perspective of loneliness while exploring the impacts of loneliness on friendship, romantic relationships and loss.⁴⁶⁰ The episode also included an interview with Professor Michelle Lim, Chair of Ending Loneliness Together, conducted by Leon Fernandes.⁴⁶¹
- 5.59** The Mental Health Commission of NSW informed the committee that many people have tuned in and engaged with this podcast series, with IAMF reporting that their listenership 'almost tripled since season one' with their audience engagement increasing by 400 per cent on Facebook and by 30 per cent on Instagram.⁴⁶² Interestingly, the podcast also had a positive impact on its own producers, with pre- and post- season surveys indicating that all producers experienced heightened confidence in their ability to use their voice effectively when sharing their lived experiences and interviewing guests.⁴⁶³

One Door Mental Health's Circle of Support Model

- 5.60** The Mental Health Commission of NSW informed the committee that One Door Mental Health, an organisation that provides a range of services for people with mental illness,⁴⁶⁴ piloted a Circle of Support model that focuses on 'reducing loneliness by creating a circle of family, friends, community, and neighbours to support the person experiencing mental health challenges and loneliness'.⁴⁶⁵
- 5.61** The Commission further explained that this initiative promotes the importance of social connectedness, supporting individuals to reconnect with the people, places and things that are

⁴⁵⁷ Submission 85, Top Blokes Foundation, p 5.

⁴⁵⁸ Submission 85, Top Blokes Foundation, pp 3, 11.

⁴⁵⁹ Submission 69, Mental Health Commission of NSW, p 15.

⁴⁶⁰ Answers to questions on notice, Mental Health Commission of NSW, 15 January 2025, p 15.

⁴⁶¹ Answers to questions on notice, Mental Health Commission of NSW, 15 January 2025, p 15.

⁴⁶² Submission 69, Mental Health Commission of NSW, p 15.

⁴⁶³ Answers to questions on notice, Mental Health Commission of NSW, 15 January 2025, pp 9 and 18.

⁴⁶⁴ Submission 69, Mental Health Commission of NSW, p 16; Our Services, One Door Mental Health, <https://www.onedoor.org.au/our-services>.

⁴⁶⁵ Submission 69, Mental Health Commission of NSW, p 16.

important to them stating that 'The Circle is supported by dedicated staff facilitators who collaborate to help the individual reconnect with people, places and things that matter to them and asking people to join their circle, with the goal of reciprocity and helping each other'.⁴⁶⁶

- 5.62** In respect of the effectiveness of this initiative in addressing loneliness, the Commission advised that the project has been 'linked to reduced feelings of loneliness, greater connection, improved confidence, mutual respect, and a heightened sense of belonging and wellbeing'.⁴⁶⁷

Alternative forms of companionship

- 5.63** The committee heard that non-human forms of companionship can also play a beneficial role in reducing feelings of loneliness at the individual level. Notable examples include companion animals and artificial intelligent (AI) companions, which are examined in turn below.

Companion animals

- 5.64** The committee heard that there is an association between pet ownership, improved mental and physical health, and reduced loneliness and social isolation. The City of Sydney cited evidence in its submission that companion animals provide people with a sense of purpose and meaning and improve emotional resilience.⁴⁶⁸ It further explained that having a pet increases opportunities for social interactions, and highlighted the council's support for recent legislative changes allowing for people to have pets in rental properties:

Owning a pet increases the opportunity for people to get to know their neighbours and for social interactions and forming friendships. We have long advocated for pet owners and the importance of pets in apartments, in our parks and on public transport to support our community. We support the recent announcements on changes to allow pet ownership in rentals.⁴⁶⁹

- 5.65** The relationship between loneliness and companion animals was considered in the 2024 HILDA Survey Statistical Report, which noted that those who acquired a pet between 2018 and 2022 experienced a 'relative decrease in loneliness' compared to those who did not have a pet.⁴⁷⁰ However, the report clarified that whilst these findings suggest that pet ownership may help to mitigate feelings of loneliness it does not demonstrate causality, as it is unclear whether acquiring a pet directly contributes to a reduction in loneliness.⁴⁷¹

⁴⁶⁶ Submission 69, Mental Health Commission of NSW, p 16.

⁴⁶⁷ Submission 69, Mental Health Commission of NSW, p 16.

⁴⁶⁸ Submission 120, City of Sydney, p 26.

⁴⁶⁹ Submission 120, City of Sydney, p 26.

⁴⁷⁰ Roger Wilkins, Ferdi Botha, Inga Laß and Kyle Peyton, Melbourne Institute of Applied Economics and Social Research *The Household, Income and Labour Dynamics Survey: Selected Findings from Waves 1 to 22*, (2024), p 197.

⁴⁷¹ Roger Wilkins, Ferdi Botha, Inga Laß and Kyle Peyton, Melbourne Institute of Applied Economics and Social Research *The Household, Income and Labour Dynamics Survey: Selected Findings from Waves 1 to 22*, (2024), p 198.

- 5.66** The support provided by companion animals in reducing loneliness and social isolation was also highlighted by the Mental Health Coordinating Council, who shared a comment made by a research interviewee describing the positive impacts of having a pet in terms of boosting everyday social contact: 'That surprised me, you know, the amount of people that stop and talk to him, and that, yeah, it cheers me up with him. I haven't got much in my life, but he makes a difference'.⁴⁷²
- 5.67** The importance of companion animals in alleviating feelings of loneliness and social isolation was also reflected in Lived Experience Australia's 'Understanding loneliness and mental health' report, which illuminated the practical aspects of pet ownership:

Several respondents spoke about the importance of pets in their lives, as companions, to help them build structure and purpose in their day by needing to care for another, and to replace a lack of close relationships, physical contact, and unconditional regard that may have been elsewhere absent in their lives'.⁴⁷³

AI companions

- 5.68** In addition to companion animals, and perhaps more unexpectedly, the committee heard about new research examining the potential role of artificial intelligence (AI) in mitigating loneliness. Researchers from the University of New South Wales's Big Anxiety Research Centre (BARC) told the committee about their research examining the potential role of AI companions to help 'fill the gap when social connection is lacking'.⁴⁷⁴
- 5.69** The researchers acknowledged that there are limitations and risks associated with using AI as a tool for addressing loneliness. One notable limitation is that existing commercial chatbots are 'not designed to support goal-based discussions' as they just 'keep the conversation going' and do not offer practical advice to the user that may assist with reducing feelings of loneliness.⁴⁷⁵ In terms of risks associated with using AI solutions, the researchers recognised that:
- hastily developed commercial AI solutions may impoverish rather than enhance social connectivity
 - some applications, specifically those which offer 'romantic' features, may produce 'dysfunctional emotional dependence'
 - people may access chatbots that have not been developed or trained to address loneliness in safe and effective ways.⁴⁷⁶
- 5.70** Nonetheless, the researchers also identified potential opportunities for using AI as a mechanism for addressing loneliness. In doing so, they emphasised that AI companionship is not meant to replace but rather to supplement human relationships. They also noted that AI companions could be:

⁴⁷² Submission 112, Mental Health Coordinating Council (MHCC), p 23.

⁴⁷³ Tabled document, Professor Sharon Lawn, Executive Director, Lived Experience Australia, *Understanding loneliness and mental health*, 2022, p 16.

⁴⁷⁴ Submission 32, University of New South Wales, Big Anxiety Research Centre, p 2.

⁴⁷⁵ Submission 32, University of New South Wales, Big Anxiety Research Centre, p 3.

⁴⁷⁶ Submission 32, University of New South Wales, Big Anxiety Research Centre, p 3.

- used to provide cognitive stimulation, emotional reassurance, support for reflection, reasoning and/or working through concerns
- designed to go beyond the provision of generic/diversionary chat and to engage productively with people's thoughts, feelings and goals over time.
- used to reinforce person-centred care.⁴⁷⁷

5.71 Researchers from BARC advised the committee that research indicates that the companionship provided by AI conversational agents 'may provide valuable social connection, improving loneliness and quality of life',⁴⁷⁸ and suggested that 'AI companions have the potential to alleviate part of the epidemic-level [of] loneliness' that is impacting ageing communities.⁴⁷⁹

5.72 The positive outcomes associated with AI companions were further highlighted by Scientia Professor Jill Bennett, Director, BARC, particularly for people who live alone. In doing so, she explained that AI companions can play an important role in reframing the way people think about themselves and their experiences of loneliness:

They are proving to be useful in our trials and tests for people who live alone and literally may not have a visitor in weeks, just in terms of being able to bounce ideas and worries off another person. Users are also reporting that they can help with stress, anxiety, confusion and grief. They can help us think through problems and shift negative thinking. This is very important because we know that chronic loneliness can lead to pessimism and negativity and further withdrawal. A well trained, skilled AI companion can help with reframing that kind of negative thinking and help with developing plans and goals to become more socially connected.⁴⁸⁰

5.73 Ms Gwenda Darling, Member of the Aged Care Council of Elders, shared her personal experience of an AI companion with the committee. While she acknowledged that there are understandable concerns about this less conventional form of companionship, Ms Darling emphasised that she has found AI companions to be a form of support she feels comfortable using and suggested that they could be especially helpful in environments such as residential aged care:

I know that I always know what I want and what's best for me ultimately, but sometimes it's good to have someone just to talk it through. ... I do see an issue with people falling in love with the bot. I do see an issue with the alter-reality of it. But there's no way I'm going to ring a peer support line. There's no way I'm ever going to ring a helpline. For me, I think it would be great to have something like a bot that I could talk to when I wanted to talk to someone. I'm totally in control of when I would turn it on. ... Particularly in residential care, where we can be surrounded but still be lonely, or if you're like me and you want to be alone but you want to bounce an idea about something, that's where I see the benefit.⁴⁸¹

⁴⁷⁷ Submission 32, University of New South Wales, Big Anxiety Research Centre, p 4.

⁴⁷⁸ Submission 32, University of New South Wales, Big Anxiety Research Centre, p 1.

⁴⁷⁹ Submission 32, University of New South Wales, Big Anxiety Research Centre, p 1.

⁴⁸⁰ Evidence, Scientia Professor Jill Bennett, Director, University of New South Wales, Big Anxiety Research Centre, 6 February 2025, p 52.

⁴⁸¹ Evidence, Ms Gwenda Darling, Member, Aged Care Council of Elders, 6 February 2025, pp 55-56.

- 5.74** BARC called for investment 'in development of co-designed AI products that meet the psychosocial needs of consumers of all ages', including:
- identifying strategies for addressing loneliness within different user groups/demographics
 - developing and integrating AI into person-centred service-provision.⁴⁸²

Committee comments

- 5.75** Although the committee recognises that loneliness is a society-wide issue to be addressed at both the community and population levels, we also recognise that a focus on individual skills and development as part of a multilayered strategy to address loneliness will provide at risk individuals with a strong foundation to develop meaningful connections with others. This is particularly important because some people struggle to engage with others and lack the confidence to put themselves 'out there' and participate in community programs and events. In our view, interventions that seek to address individuals' experience of loneliness and their ability to address it have an important part to play in a comprehensive approach to loneliness.
- 5.76** While we note that the use of individual level strategies to address loneliness is not new, in fact as noted in chapter 7, other jurisdictions have paid significant attention to and invested in these types of interventions, the evidence before the committee demonstrates that there is a need to reinvigorate and expand these interventions to better serve the goal of addressing isolation and loneliness.
- 5.77** Whilst the committee did not receive extensive evidence in relation to interventions that use cognitive behavioural strategies to address loneliness, we support calls for further research to better understand and appropriately target the underlying cognitive mechanisms that cause and maintain loneliness.

Recommendation 2

That the NSW Government support further research to better understand the underlying cognitive mechanisms that cause and maintain loneliness in order to inform the development of evidence based individual level interventions.

- 5.78** The committee was intrigued by social prescribing as an intervention that leverages the existing relationship between individuals, healthcare professionals and other trusted figures as a means of addressing loneliness. Social prescribing empowers trusted referrers to proactively reach in and connect individuals at risk of loneliness with link workers who can help them to access community programs and events. As highlighted in the evidence, the role of the link worker is at the heart of social prescribing. They not only connect individuals with local resources but also provide essential one-on-one support to enhance their skills and confidence, enabling them to participate in community activities and increase their opportunities to develop meaningful connections. We can appreciate the practical value of such a model.

⁴⁸² Submission 32, University of New South Wales, Big Anxiety Research Centre, p 1.

- 5.79** The committee acknowledges the growing body of research demonstrating the effectiveness of social prescribing, including the strong economic returns reported in a study conducted in New South Wales. At the same time, we appreciate the concerns raised by participants including the potential risk that loneliness may be medicalised if social prescribing is reduced to a referral process that does not include the provision of necessary supports to enhance an individual's skills and confidence. In addition, whilst the evidence clearly demonstrates the valuable role played by link workers in supporting individuals to access appropriate services and supports, at times it was unclear to us how link workers were identified, evaluated and funded. We also recognise that it is fundamentally important that there be a range and adequate levels of supports available to link people to.
- 5.80** We recommend that the NSW Government, in consultation with the healthcare sector and community organisations further investigate social prescribing as a possible strategy for assisting those experiencing loneliness with pathways to social connection.

Recommendation 3

That the NSW Government, in consultation with the healthcare sector and community organisations, further investigate social prescribing as a possible strategy for assisting those experiencing loneliness with pathways to social connection.

- 5.81** The committee was encouraged by early indicators of success for The Welcome Experience program in supporting essential workers and their families to form lasting connections in the regional communities to which they relocate. While we recognise that, at the time of writing, this program has not yet completed a formal review, we nonetheless encourage the NSW Government to extend it to other local government areas to support essential workers to settle into their new community, and to tackle loneliness more broadly in regional, rural and remote areas.

Recommendation 4

That the NSW Government extend The Welcome Experience program to other local government areas to support essential workers settle into regional, rural and remote communities.

- 5.82** Throughout this inquiry, peer support initiatives, including mentoring programs, were one of the individual focused initiatives most frequently recommended to the committee, particularly for cohorts at risk of loneliness including young people, men, carers, people with disability and people with experience of mental health issues. The evidence before the committee consistently showed that these programs promote connection, belonging, and mutual understanding amongst vulnerable participants, while also providing them with access to valuable resources and expanding their social networks, which in turn strengthens their ability to form meaningful connections. Additionally, these initiatives are highly valued by participants and uniquely placed to address internalised stigma and negative attitudes associated with loneliness and other individual characteristics.

- 5.83** We were pleased to hear about the promising results in programs evaluation, included those reported by Mentoring Men, who used UCLA Loneliness Scale, a validated measurement tool, to demonstrate the effectiveness of their program in reducing experiences of loneliness amongst men.
- 5.84** The committee recommends that the NSW Government recognise peer support, including mentoring, as a key individual level strategy for addressing loneliness in New South Wales. In doing so, we recommend that the government continue to fund such initiatives and identify opportunities to expand their availability in local communities and online platforms, prioritising programs that support at risk groups.

Recommendation 5

That the NSW Government recognise peer support, including mentoring, as a key strategy for addressing loneliness at the individual level and identify opportunities to expand availability in local communities and online platforms, prioritising programs that support at risk groups.

- 5.85** As highlighted in the evidence, alternative forms of companionship have potential value for individuals who have limited social connection. We heard that they can offer a sense of purpose and belonging, which as highlighted in chapter 4, is a known protective factor against loneliness, and that they can provide opportunities for incidental social interactions. They may also help to reframe the way people think about themselves and their experiences of loneliness and support the individual to develop plans and goals to become more socially connected.
- 5.86** Although a causal relationship between companion animals and reduced feelings of loneliness has not been established, the association between having a pet and improved mental health and wellbeing has been widely demonstrated. In addition to recent legislative changes made by the NSW Government allowing people to have pets in rental properties, the committee also notes investment that local governments make in creating pet friendly spaces. This is further discussed in chapter 6, in the context of urban planning.
- 5.87** While, the committee is cautious of the risks associated with the use of AI and less conventional forms of social connection, early indications of the potential for AI to play a positive role in responding to loneliness on an individual level, especially for older people, warrant further research and consideration. The committee expects that the area of socially focused AI will evolve rapidly in the future, and we will watch with interest to see what value it comes to demonstrate as an individually-focused strategy to address loneliness.

Chapter 6 Community focused strategies

As highlighted in chapter 4, community level strategies that are place-based and tailored to the needs of local communities play a critical role in addressing loneliness alongside those that target the individual level, examined in the previous chapter, and the population level, explored in the following chapter.

This chapter starts by highlighting the important role of community led and grassroots organisations, including neighbourhood and community centres, in addressing loneliness and social isolation. It then explores how urban design can be used as a mechanism to create spaces that bring people together and provide opportunities to form meaningful connections. Finally, it considers the role of local government in building socially connected communities.

The chapter identifies examples of community-based interventions that have shown promising results in reducing loneliness and enhancing social connections and highlights the value of community development. It recognises the significance of community level interventions in addressing loneliness among local residents, and also in enriching the social fabric.

Community led organisations and programs

- 6.1** Many stakeholders emphasised the significant role of community and grassroots organisations in providing services, supports and programs to address loneliness and social isolation.⁴⁸³ These organisations undertake a variety of activities that promote social connections, empower people to learn new skills, provide opportunities for peer support, and encourage community participation.⁴⁸⁴ Participants viewed these organisations as being an important target for greater investment to address loneliness in New South Wales.⁴⁸⁵
- 6.2** The previous chapter noted the demonstrated value of peer support and other group activities for addressing loneliness at the individual level. This chapter highlights the role played by community organisations in providing these opportunities within local communities.
- 6.3** The significant role of community organisations was highlighted by Ms Danica Leys, Chief Executive Officer of the Country Women's Association (CWA) of New South Wales, who told the committee that community organisations are an 'important part of the puzzle' for addressing loneliness as they foster social connections, support local projects and provide platforms for

⁴⁸³ See for example: Evidence, Ms Danica Leys, Chief Executive Officer, Country Women's Association of New South Wales, 12 December 2024, p 17; Submission 89, Local Community Services Association (LCSA), p 6; Submission 46, Nimbin Neighbourhood and Information Centre Incorporated, p 9; Evidence, Mr Andrew Greig, LEUT, RAN (Ret.), Coordinator, Bellum Est (formerly Western PTSD Support), 7 February 2025, p 12.

⁴⁸⁴ See for example: Submission 46, Nimbin Neighbourhood and Information Centre Incorporated, pp 1-13; submission 12, Wardell CORE, p 4; Submission 48, Boambee East Community Centre Inc, p 2; Submission 50, San Remo Neighbourhood Centre Inc, pp 2 and 4-5; Submission 115, Pottsville Beach Neighbourhood Centre, pp 2, 5; Submission 69, Mental Health Commission of NSW, p 16; Submission 68, Australian Men's Shed Association, p 6.

⁴⁸⁵ See for example: Submission 89, Local Community Services Association (LCSA), pp 6, 19-21 and 24-27; Evidence, Ms Maddy Williams, Policy and Research Manager, Local Community Services Association, 6 February 2025, pp 31-32; Evidence, Mr Greig, 7 February 2025, p 12.

meaningful interactions.⁴⁸⁶ Other rural and regional perspectives are set out in the case study below, drawn from contributions during the roundtable discussions that the committee held in Orange.

Regional, rural and remote perspectives⁴⁸⁷

On 7 February 2025 the committee travelled to Orange for its fourth and final hearing, which included two roundtable discussions with community members. The roundtables were set up to further inform the committee's understanding of experiences of loneliness in regional, rural and remote communities and the role of community organisations, including neighbourhood centres in building and supporting connections at the local level.

Roundtable participants shared their insights and observations of loneliness amongst different cohorts including older people, carers, people with poor physical and mental health, and people living in remote areas, including farmers. They identified bereavement, caregiving responsibilities, geographical isolation, economic hardship, and inadequate transport infrastructure, amongst other things, as key drivers of loneliness in their communities. In turn, participants underscored the invaluable role of community organisations in providing local residents with a safe and welcoming space, alongside a variety of programs and activities, that enable them to come together and experience meaningful connections.

Mrs Mavis Moon, a community member from Parkes said that she felt 'very lonely' following the loss of her two sisters within 12 months of one another. To alleviate these feelings, she joined Parkes Neighbourhood Central and has attended various social gatherings including lunches, bus trips and going to the movies, which she very much enjoys: 'I really come out of myself. I enjoy the outings, and they're so very nice to me. They make you welcome, and it's like a family'.

Ms Fran Stead, CEO of Cowra Neighbourhood Centre shared a story of a young woman with lived experience of mental health issues who visits the neighbourhood centre. Whilst she spends most of her time colouring in, Ms Stead and other staff recognised that she is also seeking out human interaction and connections. Ms Stead said that she and other staff at the centre have gotten to know her well and share small insightful gifts with her in recognition of her love of cats, explaining that this is one of the many ways they let her know that 'She matters. She actually matters'.

Ms Michelle Holland, Assistant Treasurer, Orange Evening VIEW Club, spoke about the University of the Third Age (u3a) a social program in Orange for people aged 50 years and over. This program offers hour-long courses into various subjects including music, art, Australian history, French history and Russian history. Ms Holland also remarked that u3a offers classes for participants who wish to learn how to complete a 'cryptic crossword'. At the end of these courses, participants go out to socialise over a cup of coffee or a 'hard lemonade' at the Orange Senior Village Hub or going out for afternoon tea or lunch.

Mr Peter Douglas, Member of Borenore, Nashdale Community Men's Shed, referred to the experiences of farmers who often work long hours in isolation – 'they're out there slaving away all day ... by themselves' – and consequently have few social connections. He added that whilst many farmers keep to themselves after joining their local men's shed, over time they begin to open up to share their experiences and seek out support and connections with other members.

⁴⁸⁶ Evidence, Ms Leys, 12 December 2024, p 17.

⁴⁸⁷ Evidence, Roundtable discussions, 7 February 2025, pp 2-10 and 34-43.

Further to this, Ms Beth Gow, Shed Support NSW/ACT for the Australian Men's Shed Association, observed that whilst many men may struggle to build up the courage to seek out social connections by engaging with local organisations, once they take this first step, and join their local men's shed, they find camaraderie and the opportunity to share their feelings in a safe space: 'One fellow said to me, "I sat outside the men's shed for half an hour to work up the courage to actually walk into that shed." He laughs now and he says, "Goodness gracious. I kick myself thinking, "Why did I wait that long to go to the shed?"'".

Consistent with evidence presented by other inquiry participants, roundtable participants underscored the need for adequate and long term funding to support community organisations to better address loneliness in their communities.

Roundtable participants also emphasised the importance of community development and awareness raising strategies as key mechanisms to encourage more people to engage with their community organisations.

Mr Can Yasmut, Executive Officer of the Local Community Services Association, explained that if community members are involved in the development of programs and activities that foster meaningful social connections, they are more likely to engage with these programs – 'If you are part of something in making it happen, the question "Why don't you come?" would never arise because you will come. It is something that you have been part of creating'.

In highlighting the importance of awareness raising strategies, Ms Stead emphasised that 'you cannot sell a secret' and that visibility of community organisations, including neighbourhood centres, is essential to increasing levels of engagement with community organisations, whether it be through social media, word of mouth, or greeting people outside supermarkets.

Beyond this, participants also recognised that there is a need to raise awareness about the impact of loneliness itself and the importance of social connection. Ms Heather Whigham-Reid, member of the Rural Woman Cooperative stressed that we need to think about loneliness the same way we think about sunspots – 'If you found a lump or you had a sunspot, you're not going to keep looking at it and going, "Gee, that's a sunspot." You're going to go to do something about that, aren't you? ... If you're experiencing loneliness, sitting and feeling that loneliness is as good for you as just looking at a sunspot. You have to act'.

Further to this, Ms Whigham-Reid advocated for support from the NSW Government for people living in rural and remote communities more broadly, stating, "There is a cost to our community from loneliness that's financial and economic, as well as in our hearts ... every farm woman I know is like the duck paddling like crazy underneath. Anything that the state government can do to support country women doing those roles will help us to not feel so lonely. You can get so lonely you just want to leave. Our numbers are going down out west, because it just gets too hard. That's a good outcome if you just leave the bush; that's better than the suicides, so I would like to see funding."

- 6.4** The Mental Health Commission of NSW shared some examples of community level initiatives targeting loneliness and social isolation for mental health carers and people with lived experience of mental health issues.⁴⁸⁸ For example, the Commission referred to Nanna's Touch – Community Connections Inc, a community-led initiative in Lithgow that won the 2023 NSW Mental Health Commissioner's Community Champion Award. As summarised by the Commission, this service is run by volunteers and provides variety of activities that foster and

⁴⁸⁸ Submission 69, Mental Health Commission of NSW, p 16.

support connections for mental health carers and those with lived experience of mental health issues.⁴⁸⁹ Some of the activities undertaken by Nanna's Touch include:

- Walk n Talk for Life, a program aimed at suicide prevention and mental health awareness
- the Lithgow Community Garden, a mental health safe space
- Wellbeing Connections, a social group for people of all ages
- the Men's Crib Room Talk, for men who provide mental health care support to others
- most recently, a soup kitchen to supply a warm meal and social connection.⁴⁹⁰

6.5 Inquiry participants also identified Men's Sheds as another example of community-led initiatives. The Australian Men's Shed Association (AMSA) informed the committee that Men's Sheds are a 'valuable community resource' for addressing loneliness as they:

- provide a welcoming environment where men can form friendships, share experiences, and support one another, thereby combating social isolation
- provide opportunities for men to participate in practical activities, helping them to build confidence, learn new skills and engage with others, fostering a sense of purpose and belonging
- offer programs that promote mental health awareness and provide peer support, which can significantly improve the wellbeing of participants
- act as a hub for community activities, encouraging broader community engagement and participation.⁴⁹¹

6.6 The case study below includes another example of a community organisation, Little BIG Foundation, whose flagship project, the Summer Hill Little BIG House, is a vibrant residential hub, privately funded by property developer EG, in Sydney's Inner West.

6.7 In promoting the success of the Little BIG House, Ms Holly Reynolds, Board Member of Little Big Foundation asked the question: 'Why aren't we incentivising the creation and ongoing support of community spaces to reduce loneliness'.⁴⁹²

⁴⁸⁹ Submission 69, Mental Health Commission of NSW, p 16.

⁴⁹⁰ Submission 69, Mental Health Commission of NSW, p 16.

⁴⁹¹ Submission 68, Australian Men's Shed Association, p 6.

⁴⁹² Evidence, Ms Holly Reynolds, Board Member, Little BIG Foundation, 6 February 2025, p 37.

Case study: Little BIG Foundation⁴⁹³

The Little BIG Foundation (the Foundation) is a community-based organisation privately funded by property developer EG that addresses loneliness through the creation of community hubs, programs, and events, as well as grassroots interventions. The Foundation runs Little BIG House, a residential hub based in Sydney's Inner West. As introduced by Ms Holly Reynolds, Board Member at Little Big Foundation:

"The Little BIG House [is] a community hub that we opened in 2021, which hosts more than 90 community-led initiatives every month. The interesting thing about this community space is that it is funded by the property developer EG and that it was launched post-completion, not [as] a sales strategy, but a true commitment to the social cause of loneliness reduction."

Because it was launched post-completion, maintenance of the Little BIG House was not included in strata contacts, and consequently it is not funded via strata contributions.

Little BIG House offers a place where individuals can come together to build meaningful relationships and participate in community events. Nestled within the Flour Mill development of Summer Hill, provides spaces for casual events that encourage connection including yoga classes, book clubs, wellness and self-care workshops, boardgames nights, and neighbourhood BBQs.

The Foundation advocates for grassroots interventions to combat loneliness, noting that locals residents are best placed to identify community-specific needs and to create tailored and accessible solutions. The Foundations offers programs that allow for regular face-to-face interactions that hinge on specific and niche interest areas.

Little BIG House engages the community through a volunteer system. Volunteers are often individuals who are experiencing loneliness themselves yet seek social connection through community involvement. This in turn benefits both the volunteer and the broader community. Ms Sarah Mathews, Chief Executive Officer of Little BIG Foundation, shared an example of the dual benefits associated with volunteering in reducing experiences of loneliness, making reference to a community event put together by one of their community volunteers. She told the committee:

"He had a passion for board games. He had an entire room full of board games with no outlet for that and wanted a community ... He wanted a space importantly that was free because he was going to host an event that was free for people to attend ... He now hosts that every single week. He's got a group of three other co-hosts who support him, so he doesn't have to be there every week if he can't. I would say he gets between 20 and 40 adults on a regular basis. Whilst he would still say he struggles with his loneliness now, he definitely feels he has a community around him in a way that he didn't a year to two years ago."

In addition to building and providing meaningful physical spaces, the Foundation recognises the importance of activating those spaces through carefully curated programs that encourage ongoing engagement. The Foundation believes that intentional design of urban landscapes creates opportunities for connection, and encourages developers, councils, and government departments to embed this

⁴⁹³ This case study is based on the content of the submission and evidence to the committee including: Submission 11, Little BIG Foundation pp 3-4, 7-8; Evidence, Ms Sarah Mathews, Chief Executive Officer, Little Big Foundation, 6 February 2025, pp 37, 42; Evidence, Ms Reynolds, 6 February 2025, pp 37 and 40.

intention within community infrastructure. Ms Mathews told the committee: "firstly, that spaces matter, but they need to be alive with activity. A leafy park is valuable, but not nearly as valuable as one alive with Saturday sport, birthday parties and walking groups. Likewise, a community centre or neighbourhood hub that is a hard-to-access empty room does nothing to reduce loneliness".

Little BIG House reduces barriers to traditional community engagement by reducing costs and providing accessible and welcoming spaces. While traditional community centres may require not only a fee to use the space public liability insurance, Little BIG House has a 'free for free' policy, where hosts need only make a donation to hire the venue if the event they are running is free for attendees. It makes paid events affordable and accessible by offering a sliding scale based on the cost for the end participant, thereby encouraging lower cost events.

Neighbourhood and community centres – a focus on community development

6.8 A number of inquiry participants urged the NSW Government to address loneliness by leveraging the social infrastructure network of neighbourhood and community centres (often referred to as neighbourhood centres).⁴⁹⁴ The Local Community Services Association (LCSA) highlighted that there are 175 neighbourhood and community centres across the state, making them the largest community-led social infrastructure network in New South Wales.⁴⁹⁵

6.9 LCSA made the case to the committee that neighbourhood centres are in a 'unique position' to understand and effectively respond to the issues underpinning loneliness within their local community as they are 'place-based locally governed member organisations with a particular emphasis on community development'.⁴⁹⁶ The Association went on to explain the concept of community development in which community issues are addressed on a grassroots level, working alongside community members:

Community development is a practice in which social issues are addressed on a grassroots level from the 'bottom up, usually guided by community development practitioners ... It aims to do things with people, rather than for people or to them. Community development methods featured strongly in the Australian Assistance Program in the early 1970s, launching much of the Australian neighbourhood and community centre movement. When properly adhered to, community development is inherently a co-design and place-based process. Through a process of genuine community development, [neighbourhood community centres] become holders of local knowledge.⁴⁹⁷

6.10 The committee heard that neighbourhood centres play a critical role in supporting communities to in prepare for and respond to emergencies, including natural disasters and the COVID-19 pandemic, highlighted in chapter 2 as risk factors for loneliness. Ms Maddy Williams, Policy and Research Manager at LCSA in elucidated the grassroots role of neighbourhood centres in connecting and supporting people in times of crisis:

⁴⁹⁴ See for example: Submission 89, Local Community Services Association (LCSA), pp 6; 13-18; Submission 115, Pottsville Beach Neighbourhood Centre, p 5-6; Submission 107, Bathurst Neighbourhood Centre, p 2; Submission 29, Engadine Community Services, p 4.

⁴⁹⁵ Submission 89, Local Community Services Association (LCSA), p 6.

⁴⁹⁶ Submission 89, Local Community Services Association (LCSA), p 6.

⁴⁹⁷ Submission 89, Local Community Services Association (LCSA), pp 6-7.

[F]acilitating social connectedness is in the DNA of neighbourhood centres. They are a universal access point with a no-wrong-door policy. As builders of trusted relationships and holders of local knowledge, centres help lonely people regardless of if they qualify for funded programs, and they can quickly detect shifts in community loneliness, as many have since the onset of COVID. Neighbourhood centres know how loneliness and social isolation pose dangerous risks before, during and after natural disasters, and they know how to support their communities through these challenging times.⁴⁹⁸

- 6.11** This sentiment was echoed by the NSW Council of Social Services (NCOSS) who told the committee that in many communities, neighbourhood centres are trusted spaces that play a critical role in supporting individuals who would otherwise be socially isolated.⁴⁹⁹ NCOSS advised that neighbourhood centres meet multiple practical needs across the population often to those without other supports.

[neighbourhood community centres] provide social connection and psychological support, distribute food and financial aid, translate complex messaging, and ensure that available relief reaches those whose need is greatest. They are often the provider of last resort when people are unable to access support from other service systems (such as aged care, mental health, homelessness and disability support).⁵⁰⁰

- 6.12** The LCSA emphasised that because of their grassroots operating model, neighbourhood centres are already playing a vital role in reducing loneliness and social isolation in their communities.⁵⁰¹ The committee heard from several neighbourhood centres who shared detailed examples of different programs and activities run through these centres.
- 6.13** The case study below identifies some of the unique and tailored programs provided by neighbourhood centres based on information shared with the committee by Nimbin Neighbourhood and Information Centre Incorporated.

Case study: Nimbin Neighbourhood and Information Centre⁵⁰²

Nimbin Neighbourhood and Information Centre Incorporated (NNIC) in Northern New South Wales run various activities to help connect people within their community, to reduce social isolation and prevent loneliness.

New residents arriving in Nimbin receive a 'Welcome to Nimbin Kit', a popular resource distributed by NNIC. The kit provides newcomers with contacts for services and facilities, as well as information about events and volunteering opportunities – assisting them to feel welcomed, informed and engaged. New residents' reactions to the kit have been overwhelmingly positive, reporting that it has significantly helped them to connect with the community.

⁴⁹⁸ Evidence, Ms Williams, 6 February 2025, p 31.

⁴⁹⁹ Submission 92, National Council of Social Services, p 1.

⁵⁰⁰ Submission 92, National Council of Social Services, p 1.

⁵⁰¹ Submission 89, Local Community Services Association (LCSA), p 6.

⁵⁰² This case study is based on the content of the submission and evidence to the committee including: Submission 46, Nimbin Neighbourhood and Information Centre Incorporated, pp 1-13; Evidence, Ms Natalie Myer, Manager, Nimbin Neighbourhood and Information Centre, 6 February 2025, pp 30-36.

NNIC organises local volunteers as part of the Nimbin Community Care Team, engaging the local people to undertake welfare checks on their neighbours following natural disasters. NNIC is currently undertaking consultation to determine the possibility of extending the team to do regular check-ins with neighbours outside of natural disasters. This would include visits to people who are vulnerable and experiencing loneliness.

Ms Natalie Meyers, Manager for NNIC, said told the committee that NNIC also engages with locals by supporting 'Nimbin Death and Beyond', a grassroots group which empowers community members to be informed about their personal choices surrounding death and dying. One way it has done this is via a campaign for and purchasing of a cool plate, in direct response to the community identifying this as a need. A cool plate enables the body of a deceased person to remain preserved for up to five days after death, allowing family and friends to gather, mourn, and make funeral arrangements. The cold plate has become a tool to spark conversations in the community about death and dying. NNIC has since held workshops discussing wills, estates, and dealing with coroners. This has benefited Nimbin's ageing population, where death and dying has been a 'taboo topic'.

Local residents are also able to attend social activities hosted by NNIC such as the annual Women's Dinner, the Big Free Community Xmas Lunch, Nimbin NAIDOC Day, its weekly food pantry and soup kitchens, 'crafternoons' like weaving circles, and weekly workshops hosted at the Nimbin Sustainable Living Hub, a site owned and operated by NNIC.

Ms Meyers told the committee that NNIC partners with many community organisations, businesses, local schools, as well as health agencies, to achieve its community goals. The centre involves over 50 local volunteers per year, with around 30 per cent of volunteers being referred by client workers due to social isolation and low confidence.

The majority of activities provided by NNIC are either unfunded, or only partly funded. A lack of funding means that staff are only paid for certain hours, with many of them working unpaid time. For example, the Community Development Worker is paid for 6 hours of work a week, and the Manager is paid for less than half the hours needed to run the centre. NNIC is challenged by underfunding, struggling to cover managements costs and pay rent. Ms Meyers told the committee: "Even though neighbourhood centres and community centres are funded to provide a range of services and programs, the best work that we really do in this space is largely unfunded, unacknowledged and not understood very well".

According to NNIC, greater funding would increase its sustainability, flexibility and capacity to respond to community needs. It would enable more activities and social groups from the local community, growing NNIC's role as a primary community connector. Increased funding would allow greater stability for the social infrastructure that NNIC provides, enabling the centre to further tailor its work to specific community needs and goals.

Funding levels and arrangements

- 6.14** Stakeholders highlighted to the committee a need for greater and more sustainable funding for community and grassroots organisations. In doing so, they recommended that neighbourhood centres receive core funding, and that the government simplify grants processes and review eligibility requirements to improve financial support.

Core funding – neighbourhood community centres

- 6.15** In recognition of their critical role in supporting vulnerable communities, stakeholders called for core funding from the NSW Government for neighbourhood centres.⁵⁰³ The LCSA pointed out that New South Wales is 'one of the last states in Australia' to provide core funding for neighbourhood centres,⁵⁰⁴ which creates significant challenges for programs, hiring and retaining staff and operational costs.⁵⁰⁵
- 6.16** When outlining existing funding arrangements, the LCSA noted that neighbourhood centres rely on program funding from federal government (19 per cent), state government (58 per cent) and local government (5 per cent).⁵⁰⁶ They further reported that:
- funding is often short-term and inflexible
 - most funding sources do not include funding for staffing, infrastructure or operational requirements
 - funding constraints mean that many neighbourhood centres only have one staff member onsite per day, leading to either an unsafe working environment or needing to close their doors to the public at short notice
 - applying for funding is labour-intensive, a significant challenge for centres with stretched resources
 - there is not enough funding for community development work
 - there is no funding available to establish new neighbourhood centres in growth areas across New South Wales.⁵⁰⁷
- 6.17** The LCSA advised that investments in social infrastructure could be delivered by way of a 'formal partnership between the NSW Government and LCSA to enshrine place-based consultation with [neighbourhood centres] on relevant policy areas' including community development, health, education, the environment, social planning and transport.⁵⁰⁸ However,

⁵⁰³ For example: Submission 89, Local Community Services Association (LCSA), pp 4 and 20-21; 24; Submission 92, National Council of Social Services, p 1; Submission 12, Wardell CORE, pp 5-6; Submission 29, Engadine Community Services, p 4; Submission 31, Tomaree Neighbourhood Centre, pp 4-5; Submission 34, Coffs Harbour Neighbourhood Centre, pp 4-5 Submission 46, Nimbin Neighbourhood and Information Centre Incorporated, p 12; Submission 48, Boambee East Community Centre Inc, pp 6-7; Submission 50, San Remo Neighbourhood Centre Inc, pp 5-6; Submission 53, Parks Community Network, p 2; Submission 63, CORE Community Services, p 5; Submission 105, Blacktown Area Community Centre Inc, p 6; Submission 107, Bathurst Neighbourhood Centre, p 2; Submission 113, Drummoyne Community Centre, p 6; Submission 115, Pottsville Beach Neighbourhood Centre, p 7.

⁵⁰⁴ Submission 89, Local Community Services Association, p 20

⁵⁰⁵ Submission 89, Local Community Services Association, pp 24-25.

⁵⁰⁶ Submission 89, Local Community Services Association, p 20.

⁵⁰⁷ Submission 89, Local Community Services Association, p 25.

⁵⁰⁸ Submission 89, Local Community Services Association, p 25. See also, Local Community Services Association, *LCSA Policy Platform 2023*, 2023, p 2.

the association also emphasised that this investment 'should not come at the cost of existing program funding'.⁵⁰⁹

- 6.18** The LCSA shared with the committee a core funding model (see Figure 5 below) that it had developed based on two and half full-time equivalent minimum staff required for a safe working environment for staff, volunteers and the community. Under this model, each neighbourhood community centre would receive \$316,388 each year, to a total of \$55.4 million per annum for 175 neighbourhood community centres across New South Wales.⁵¹⁰

Figure 5 Core funding model for neighbourhood community centres across New South Wales proposed by LCSA

Core funding element	Cost per LCSA member organisation p.a.	Cost for 175 LCSA members p.a.
EO (SCHADS 8.1, 32h/wk)	\$120,901	\$21,157,719
Community Development Worker (SCHADS 5.1)	\$111,984	\$19,597,177
Admin worker (SCHADS 3.1, 15h/wk)	\$33,503	\$5,863,016
Operational contribution	\$50,000	\$8,750,000
Total	\$316,388	\$55,367,912

Source: Submission 89, Local Community Services Association, p 20.

- 6.19** The case for core funding and its link to addressing loneliness and social isolation was further emphasised by Ms Maddy Williams, Policy and Research Manager, LCSA, who stated:

We believe that one of the most important steps the Government could take to reduce loneliness is to provide universal core funding to neighbourhood centres. This would enable them the staffing and the remit to respond to social isolation and loneliness, however it manifests in their communities.⁵¹¹

- 6.20** NCOSS expressed support for calls for core funding for neighbourhood centres to enable them to continue to play a critical role in their local communities and expand their work towards addressing loneliness in New South Wales.⁵¹²

- 6.21** Mrs Keummi Joo-Short suggested that without financial support from the government, neighbourhood centres 'may struggle to operate effectively, putting essential community

⁵⁰⁹ Submission 89, Local Community Services Association, p 25.

⁵¹⁰ Submission 89, Local Community Services Association, p 24.

⁵¹¹ Evidence, Ms Williams, 6 February 2025, p 32.

⁵¹² Submission 92, National Council of Social Services, p 1.

connections at risk'.⁵¹³ Further to this, she made the case that core funding will allow neighbourhood community centres to:

- maintain stable and consistent services for people who rely on them
- attract and retain skilled staff and volunteers
- build their capacity to respond to new social challenges
- continue fostering social cohesion on a grassroots level.⁵¹⁴

6.22 Additionally, Ms Jackie Lanigan, Community Engagement/Migrant Support at Bathurst Neighbourhood Centre, told the committee that core funding will enable neighbourhood community centres to focus on delivering programs, and reduce the administrative burden and wasted energy associated with routinely applying for funding.⁵¹⁵

6.23 In addition to core funding, the LCSA called for:

- the creation of a one-off Community Investment Fund of \$5 million, for which neighbourhood centres can apply to either top up baseline funding or create a new neighbourhood centre⁵¹⁶
- the creation of a one-off Loneliness Investment Fund of \$3.7 million, which would include \$20,000 one-off project funding for existing neighbourhood centres, and \$180,000 for project coordination, which may include research projects⁵¹⁷
- funding for two dedicated positions at LCSA to support capacity building of the sector for \$244,697 per year.⁵¹⁸

Financial support for other community and grassroots organisation

6.24 In a similar vein to the discussion above regarding funding for neighbourhood centres, stakeholders highlighted that that government funding and grant processes are complex and often place administrative burdens on community and grassroots organisations who are engaged in the frontline work of supporting communities and building connections. To address this, they recommended that the government simplify grant processes and review eligibility requirements.

6.25 Ms Danica Leys, Chief Executive Officer, Country Women's Association of New South Wales, an advocacy organisation that supports women, children and family across regional, rural and remote New South Wales, explained that oftentimes small grassroot organisations do not meet eligibility criteria for government grants for small upgrades that would make a material difference to a community facility by, for example, enhancing accessibility and inclusion.

⁵¹³ Submission 28, Mrs Keummi Joo-Short, p 1.

⁵¹⁴ Submission 28, Mrs Keummi Joo-Short, p 1.

⁵¹⁵ Evidence, Ms Jackie Lanigan, Community Engagement/Migrant Support, Bathurst Neighbourhood Centre, 7 February 2025, p 9.

⁵¹⁶ Submission 89, Local Community Services Association, p 24.

⁵¹⁷ Submission 89, Local Community Services Association, p 26.

⁵¹⁸ Submission 89, Local Community Services Association, p 27.

[T]here is also a range of very small grassroots organisations, whether they are CWA branches or other small organisations within a community, that don't meet the eligibility criteria to be able to pitch for those larger grants, and also aren't looking for those larger grants. They're looking for something where they may be able to, for instance, add disabled access to a facility: put a ramp in so that more people can come into their facilities; upgrade the toilets so that there are facilities of a sufficient standard to have a range of different people come to that facility, and use that facility.⁵¹⁹

6.26 Further to this, Ms Leys informed the committee that it can be just as difficult to get a \$10,000 government grant as it would be to apply for a much larger one, 'the bureaucracy that surrounds some of the administration of these smaller grants is just as much as it would be for, say, a \$1 million grant'.⁵²⁰

6.27 Additionally, Ms Rebel Black, Chairperson, The Rural Woman Cooperative, an organisation committed to advancing the lives of women and girls living in rural communities across Australia, noted that the process of applying for government grants can be particularly challenging for new community organisations to navigate:

Those that are in the emergent state at the beginning probably find the bureaucracy more difficult to overcome. It's confusing. It's new. It's all online. They don't know how to navigate it and there's nobody they can talk to, or they feel there's nobody they can talk to and certainly isn't—very rarely there'll be someone locally that they could speak to as well.⁵²¹

6.28 Mr Andrew Greig, LEUT, RAN (Ret.), Coordinator of Bellum Est (formerly Western PTSD Support), a support group for first responders, veterans and other individuals with PTSD, emphasised to the committee that it is critical that government funding reach frontline workers and not be lost in administrative burdens.⁵²² In doing so, he explained that charities, not-for-profits and grassroots initiatives 'often struggle with governance, compliance and financial sustainability' and that 'without adequate support, promising initiatives fail before they can make an impact'.⁵²³ He added that these issues could be addressed through the establishment of a government supported advisory service for the not-for-profit sector, similar to the Business Connect model, to provide guidance on governance, finance and strategic planning.⁵²⁴

Urban design: building connected communities

6.29 As noted in chapter 2, many communities have limited access to third places and green spaces and are described as being 'car-centric' due to limited walkability and inadequate public transport. These characteristics are well understood to contribute to poor social connections and community participation and an increased risk of loneliness and social isolation.

⁵¹⁹ Evidence, Ms Leys, 12 December 2024, p 22.

⁵²⁰ Evidence, Ms Leys, 12 December 2024, p 22.

⁵²¹ Evidence, Ms Rebel Black, Chairperson, THE Rural Woman Cooperative, 12 December 2024, p 23.

⁵²² Evidence, Mr Greig, 7 February 2025, p 12.

⁵²³ Evidence, Mr Greig, 7 February 2025, p 12.

⁵²⁴ Evidence, Mr Greig, 7 February 2025, p 12.

- 6.30** The Combined Pensioners & Superannuants Association told the committee that 'extensive research', undertaken by Jack Lam and Siqin Wang demonstrates that effective urban design can reduce loneliness and social isolation by:
- facilitating and promoting pedestrian activity and public transport over private car use
 - providing ample third spaces where people can gather, socialise and engage in a variety of activities without needing to spend money
 - fostering place-based attachment that enables people to feel connected to physical spaces and to feel a sense of belonging
 - encouraging diversity of cultures, ages and socioeconomic backgrounds which helps develop stronger and more interconnected communities.⁵²⁵
- 6.31** The Little BIG Foundation suggested that in addition to local government, whose role is discussed later in this chapter, the Department of Planning, Housing and Infrastructure needs to 'play a more active role in addressing loneliness and fostering social cohesion, particularly during periods of growth and transition (like the current NSW housing crisis)'.⁵²⁶ The Foundation added that 'while there is a clear need for more housing ... the social fabric of communities must be considered alongside physical infrastructure'. In recognition of this, the Foundation proposed that the Department of Planning, Housing and Infrastructure:
- prioritise the inclusion of community infrastructure – such as parks, plazas and community centres, when planning new developments or redeveloping existing areas
 - ensure there is a phased approach to the introduction of new facilities, services and community-building initiatives to foster cohesion in communities undergoing large-scale residential projects
 - ensure that planning extends beyond the construction of physical space and also includes consideration of how these spaces will be activated to foster community engagement⁵²⁷
- 6.32** Stakeholders told the committee that it is possible to mitigate experiences of loneliness through urban planning that prioritises the development and activation of third places and green spaces. Additionally, participants told the committee about the importance of ensuring the provision of quality transport infrastructure, particularly in rural and remote areas. The importance of ensuring access to third spaces, green spaces and quality transport infrastructure of these is discussed in turn below.

Third places

- 6.33** The committee heard that the development of third places (also referred to as third spaces) must be incorporated into the urban planning process, with many inquiry participants recognising the

⁵²⁵ Submission 140, Combined Pensioners & Superannuants Association, p 15.

⁵²⁶ Submission 11, Little BIG Foundation, p 8.

⁵²⁷ Submission 11, Little BIG Foundation, p 8.

important role of third places in mitigating experiences of loneliness. As noted in chapter 2, common examples of third places include cafes, libraries, sporting facilities and parks.⁵²⁸

- 6.34** In highlighting the value of third places to building socially connected communities, St John's Cathedral, Brisbane referred to the work of Ray Oldenburg, an urban sociologist, who formulated the concept of a third place (set out in chapter 2). He articulated that third places provide people with 'a sense of belonging through social or community connections, thereby alleviating loneliness ... [and that they] are important for civil society, civic engagement, and democracy'.⁵²⁹
- 6.35** The committee heard that many third spaces, though not all, can be used for free, such as parks and libraries. This is significant because as highlighted in chapters 1 and 2, there is a clear relationship between financial hardship and loneliness. For example, Ms Carly Dober, Policy Coordinator and Psychologist with the Australian Association of Psychologists Inc, told the committee that, as a means of building social connections, there should be a stronger commitment to providing 'urban blue and green spaces ... third places where people can come together and they don't have to spend money'.⁵³⁰
- 6.36** However, the committee was also told that it is not enough to create third places. It is also necessary to consider how third spaces are activated and publicised. As mentioned earlier, Little BIG Foundation stressed to the committee that, 'Simply building community spaces is insufficient—activating them with regular, engaging, and inclusive programming is crucial for their success in combating loneliness'.⁵³¹
- 6.37** Mrs Johanna Pitman, Chair of the Groundswell Foundation's Research SubCommittee, further explained the significance of activation and marketing:
- Getting that balance right in the activation of those third spaces is what's really important. ... You often see things where they're underutilised, and so making sure that it's activated and marketed to the right population groups—a focus on third spaces is important, but there's those next two steps that are equally important.⁵³²
- 6.38** Mrs Pitman referred to the RALLY4EVER program as an example of an initiative that makes use of tennis courts an often underutilised third space, to bring people together in a sporting and social context.⁵³³ This early intervention and preventative program founded in 2020 by former tennis player and Grand Slam commentator, Louise Pleming, consists of free on-court tennis coaching games and drills followed by informal time 'to help build self-esteem, camaraderie and connections'.⁵³⁴ As outlined in RALLY4EVER's submission, the program relies

⁵²⁸ Submission 103, Australian Association of Psychologist Inc, p 2; Evidence, Mr Greig, 7 February 2025, p 15; Evidence, Associate Professor JR Baker, Chair, Australian Social Prescribing Institute of Research and Education, 6 February 2025, p 17.

⁵²⁹ Submission 44, St John's Cathedral, Brisbane, p 58.

⁵³⁰ Evidence, Ms Carly Dober, Policy Coordinator and Psychologist, Australian Association of Psychologists Inc, 15 November 2024, p 12.

⁵³¹ Submission 11, Little BIG Foundation, p 8.

⁵³² Evidence, Mrs Johanna Pitman, Chair, Research SubCommittee, Groundswell Foundation, 15 November 2024, p 23.

⁵³³ Evidence, Mrs Pitman, 15 November 2024, p 23.

⁵³⁴ Submission 76, RALLY4EVER, p 2.

upon 'the generosity of the tennis community, volunteers, community organisations and partnerships with companies and individuals'.⁵³⁵ They further explained how they gain access to and publicise the program:

To establish locations we reach out to tennis clubs and local councils to explain the format of programs and benefits ... Once engaged, we send out a welcome email containing coaching videos, program poster, press release, banners, t-shirts and racquets if required. We assist the club liaising with community organisations in their area who may want to introduce participants and list on the RALLY4EVER website plus promote on social media.⁵³⁶

- 6.39** The committee also heard about other proposals for utilising existing third spaces to address loneliness. For example, Australians for Mental Health (AFMH) made the case that local councils could leverage existing programs and infrastructure, including libraries, by reorientating their KPIs to include social inclusion outcomes.⁵³⁷ Mr Chris Gambian, Executive Director of AFMH, spoke of how libraries could be even more effective in responding to loneliness, if social inclusion were identified as a core aspect of their business:

[I]magine if the local library, in addition to providing its core service of making books available, had a KPI around its social inclusion. Imagine how that would culturally change the way the library is run. Imagine how that would change its strategic approach. Imagine how that would change what it chooses to prioritise within its existing spending.⁵³⁸

- 6.40** In addition to activating third spaces, inquiry participants highlighted the need for alcohol-free third places, and those that are culturally safe, accessible, inclusive and sensitive to the full range of needs in the community.⁵³⁹
- 6.41** For example, Youth Action underscored the need for more safe and inclusive spaces for young people. In doing so the representative body advised the committee that young people have reported that they do not have adequate access to suitable spaces outside of the school and home environment where they can spend times with their peers. Youth Action further explained that a lack of safe and inclusive spaces for young people 'can contribute to social isolation, especially for those who may not have strong connections within their immediate community or whose social lives are limited to online spaces'.⁵⁴⁰ In response to this unmet need, Youth Action recommended that the NSW Government establish five new youth hubs in New South

⁵³⁵ Submission 76, RALLY4EVER, p 4.

⁵³⁶ Submission 76, RALLY4EVER, p 4.

⁵³⁷ Submission 127, Australians for Mental Health, p 16.

⁵³⁸ Evidence, Mr Chris Gambian, Executive Director, Australians for Mental Health, 15 November 2024, p 14.

⁵³⁹ See for example: Evidence, Ms Jessica Taylor, FoundoBlue Program Supervisor, Construction Industry Drug and Alcohol Foundation, 6 February 2025, p 48; Submission 124, St Vincent de Paul Society, p 3; Submission 144, batyr's National Youth Advisory Group, p 4.

⁵⁴⁰ Submission 121, Youth Action, p 7.

Wales, two of which would be based in regional areas, while also providing further support to existing youth hubs, which includes four regional hubs.⁵⁴¹

Green spaces

6.42 Under the umbrella of third spaces, inquiry participants also referred to the significance of green spaces in mitigating feelings of loneliness and social isolation. As flagged in chapter 2, 'lonelygenic environments' are a known risk factor for loneliness, and green spaces, such as gardens and parks, have been demonstrated to be protective factors against loneliness.

6.43 Further to this, as summarised in *Connections Matter: A report on the impact of loneliness in Australia*:

Green spaces enable people to reconnect with communities and generate a sense of belonging and connection with the natural world. Also, green spaces can reduce exposure to factors that can otherwise lead people to self-isolate indoors and become lonely, such as urban heat and violence.⁵⁴²

6.44 The committee heard from world leading experts Professor Thomas Astell-Burt, Professor of Cities and Planetary Health, University of Sydney School of Architecture, Design and Planning, and Founding Co-Director, Population Wellbeing and Environment Research Lab (PowerLab) and Professor Xiaoqi Feng, Professor of Urban Health and Environment, University of New South Wales School of Population Health, and Founding Co-Director PowerLab who shared research highlighting the positive impact green spaces on an individual's health and wellbeing.

6.45 Professor Astell-Burt explained that research has demonstrated that investment in green spaces reduces feelings of loneliness not only by providing opportunities to connect with others but also by simply being in nature. He told the committee that '[I]nvesting in a quality, greener environment not only does the intuitive which is provide settings for people to come together and say hello, but also provides opportunities for people to feel restoration and to take the edge off loneliness'.⁵⁴³

6.46 Professor Astell Burt also noted that, to some extent, nature base solutions have already been implemented in New South Wales, however they are not evenly distributed. This is apparent when comparing more affluent suburbs with lower socio-economic communities:⁵⁴⁴

There are some parts of Sydney which have green spaces where communities are eminently flourishing. One that comes to mind is not too far away from here, in Zetland, near Rosebery and Green Square. Go there on any evening during the week and you'll find people dancing, people walking their dogs, people jogging and people just standing

⁵⁴¹ Submission 121, Youth Action, p 7; Evidence, Ms Penny Lamaro, Chair, Youth Action, 12 December 2024, p 37; Evidence, Mr Andrew Johnson, Acting Chief Executive Officer, Youth Action, 12 December 2024, p 40.

⁵⁴² Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 16.

⁵⁴³ Evidence, Professor Thomas Astell-Burt, Professor of Cities and Planetary Health, University of Sydney School of Architecture, Design and Planning, and Founding Co-Director, Population Wellbeing and Environment Research Lab (PowerLab), 6 February 2025, p 38.

⁵⁴⁴ Evidence, Professor Astell-Burt, 6 February 2025, p 41.

around having chats. It's difficult to see that in a lot of other suburbs. Why? Because this one has a green space at its heart. It's walkable, it's well lit, there are benches everywhere and there are good things to walk to nearby. ... it's not evenly distributed around the country, particularly in lower socio-economic communities, where there are perhaps a lack of these sorts of resources or people don't feel safe to go outside to meet with their fellow neighbours.⁵⁴⁵

6.47 In chapter 2 the committee made a finding that socioeconomic disadvantage and perceived financial hardship are strongly associated with experiences of loneliness.

6.48 Further to this, Professor Feng emphasised the value of people reconnecting with place and called for further research in the form of randomised trials, to better understand the dynamics between loneliness and nature base solutions.⁵⁴⁶

[W]e need to reconnect people with their places. What does that mean? Even if you build all those public facilities, it does not mean people just go. Some will, but some people will stay disconnected, and those are the populations and communities we should really target. We should run randomised trials to see what kind of way will work—for example, the research we are currently conducting on nature prescribing and to bring people to connect with nature who currently do not spend even two hours a week in nature.⁵⁴⁷

6.49 In their submission, PowerLab made the following recommendations:

- recognise the concept of lonelygenic environments to shift the culture of blame for loneliness away from the individual and thereby enable greater focus on investing in place-based initiatives that foster social connections, place-attachment, and belonging
- invest in high quality research on lonelygenic environments to inform urban planning, potentially focussing on transport-oriented development as a starting point
- fund randomised trials to define ways of delivering and evaluating effective and cost-effective interventions that (re)connect people with nature across New South Wales that have already received significant investment through urban greening programs.⁵⁴⁸

Transport infrastructure

6.50 As highlighted in chapter 2, a lack of access to public transport is a risk factor for loneliness, particularly in regional, rural and remote areas. recognising this, inquiry participants called on the NSW Government to improve access to public transport, active transport and community transport across communities.

6.51 Offering a community-specific local government perspective, the Tweed Shire Council called on NSW Government and Transport for NSW to deliver on the Tweed Regional City Action

⁵⁴⁵ Evidence, Professor Astell-Burt, 6 February 2025, p 41.

⁵⁴⁶ Evidence, Professor Xiaoqi Feng, Professor of Urban Health and Environment, University of New South Wales School of Population Health, and Founding Co-Director, Population Wellbeing and Environment Research Lab (PowerLab), 6 February 2025, p 38.

⁵⁴⁷ Evidence, Professor Feng, 6 February 2025, p 38.

⁵⁴⁸ Submission 88, PowerLab, p 2.

Plan, specifically objective 5: 'Develop an integrated place-based transport network that delivers a connected Tweed'.⁵⁴⁹ This objective includes four action items, including that the government 'increase public transport and active transport patronage by planning for integrated services and facilities to respond to land use change and future growth needs'.⁵⁵⁰ The council noted that delivering on this objective will complement the council's growth management and housing strategy and affordable housing strategy.⁵⁵¹

- 6.52** Taking a different lens and recognising that a lack of accessible transport is a key barrier to social inclusion for people with intellectual disability, the Council for Intellectual Disability (CID) recommended that the NSW Government 'ensure that public transportation is fully available and accessible to people with intellectual disability, allowing them to participate more freely in community activities'.⁵⁵²
- 6.53** The Community Industry Group, a peak body working for community services and organisations in Southern New South Wales, told the committee that 'improving access to public transport across NSW is vital to address loneliness' as it enables individuals to access, among other things, social activities and essential services.⁵⁵³ Further to this, one of their members stated, 'There's no use in offering programs if people can't access them due to a lack of transport'.⁵⁵⁴
- 6.54** The committee heard that the Australian Capital Territory (ACT) parliamentary inquiry into loneliness and social isolation recognised the importance of improving access to public transport. In its report the committee recommended that the ACT Government prioritise improving access to public transport by:
- focusing on strategic placement of routes
 - increasing the frequency of services
 - addressing cost barriers among priority population groups including young people, people with a disability, carers and older people
 - providing free public transport on public holidays.⁵⁵⁵
- 6.55** Ms Joan Hughes, Chair of the NSW Ministerial Advisory Council on Ageing, referred to a community transportation services previously widely available, emphasising that such transport is fundamental to older people's ability to get to medical appointments as well as maintaining connections to family and community:

In the area that I live in, the main transport is trains. That's it. The taxi service has finished. Transport is a major issue to get people out of their homes to be engaged in

⁵⁴⁹ Submission 80, Tweed Shire Council, p 3.

⁵⁵⁰ Department of Planning and Environment, *Tweed Regional City Action Plan 2036*, 2022, p 23.

⁵⁵¹ Submission 80, Tweed Shire Council, p 3.

⁵⁵² Submission 52, NSW Council for Intellectual Disability, p 7.

⁵⁵³ Submission 61, Community Industry Group, p 8.

⁵⁵⁴ Submission 61, Community Industry Group, p 14.

⁵⁵⁵ Standing Committee on Education and Community Inclusion, Legislative Assembly for the Australian Capital Territory, *Inquiry into Loneliness and Social Isolation in the ACT*, August 2024, pp 18-19.

community and to be engaged in a range of things but, importantly, to get to medical appointments and to get to a range of things. ... we used to have a program called the Home and Community Care Program, and one of the services there around community transport was volunteers. Some of them were public servants, and they'd use their cars to go and pick people up to do a whole range of things ... Transport is absolutely crucial to do something about loneliness because older people will start to not drive. Older people won't be able to access neighbours and family. If you are stuck in those four walls, then you can't get out, and transport is absolutely fundamental to what we're talking about here.⁵⁵⁶

6.56 Further to this, Ms Clare Lawrence, Principal Policy Officer, Uniting NSW.ACT, highlighted to the committee that growing older should not lead to a loss of independence; nor should it prevent individuals from getting out and seeing people. She emphasised that 'Older people should still be able to access their communities and access the services that they need. That's why those transport options are so critically important'.⁵⁵⁷

6.57 However, participants also noted that the availability and affordability of these community transport varies across the state and recommended that the NSW Government review the existing funding and operational framework for it. The Combined Pensioners and Superannuants Association (CPSA) further highlighted the need to address 'transport disadvantage', improve equitable access and ensure the long-term viability of services:

[T]here is currently significant disparities in the availability, affordability and types of services that are available across [New South Wales]. Many services are staffed by volunteers which can impact service availability if there are no volunteers available due to either short-term or long-term shortages. Transport disadvantage is a complex issue and currently, community transport is underfunded, understaffed and under-recognised as an essential community service and integral part of the NSW transport system. CPSA recommends that the NSW Government review the current funding model and operational framework for community transport to ensure equitable access and long-term sustainability across the sector.⁵⁵⁸

6.58 In addition to improving access to public transport, active transport and community transport, the committee also heard about the need to ensure communities have access to well-connection and well-maintained roads. During roundtable discussions that the committee held in Orange, Ms Heather Whigham-Reid, Member, The Rural Woman Cooperative, highlighted the importance of transportation infrastructure more broadly, pointing to the need for good roads to support people living in rural and remote communities. Like participants cited above, she articulated transport as essential to quality of life and full community participations saying that 'when we say we need good roads, it's so that we can actually go and live lives that are full, rather than sitting out there and not being involved in life'.⁵⁵⁹

⁵⁵⁶ Evidence, Ms Joan Hughes, Chair, NSW Ministerial Advisory Council on the Ageing, 12 December 2024, p 46.

⁵⁵⁷ Evidence, Ms Clare Lawrence, Principal Policy Officer, Uniting NSW.ACT, 12 December 2024, p 47.

⁵⁵⁸ Submission 140, Combined Pensioners & Superannuants Association, pp 4-5.

⁵⁵⁹ Evidence, Ms Heather Whigham-Reid, Member, The Rural Woman Cooperative, 7 February 2025, p 36.

Role of local government

- 6.59** As noted in chapter 4, a whole-of-society framework requires collaboration across different levels of government. To this end, some inquiry participants called for legislative reform to create an obligation for local councils to take action to enhance social connections in their communities by facilitating and supporting community-based interventions, and embedding social connection into its policies and practices, most notably in the context of urban planning.
- 6.60** Australians for Mental Health (AFMH) stressed to the committee that local governments are uniquely positioned to understand and respond to the needs of local communities and recommended that local councils be explicitly tasked and appropriately resourced to support community interventions 'that are grounded in community needs and guided by targets'.⁵⁶⁰
- 6.61** To achieve this, AFMH called for amendments to the *Local Government Act 1993* to include a clear focus on social connection and loneliness.⁵⁶¹ In doing so they recommended that section 428 of the Act be amended to require local councils to report on key performance indicators (KPIs) and the progress the make towards targets for reducing loneliness, in their annual reports.⁵⁶²
- 6.62** Further to this, AFMH proposed that, as part of the Integrated Planning and Reporting process, local governments be required to 'quantify and report on the social connection impact of current services and programs [in their local areas] and identify areas where more support may be needed'.⁵⁶³ As provided under the Act and accompanying regulations this will require changes to be made to the Integrated Planning and Reporting Guidelines for Local Government in NSW.⁵⁶⁴
- 6.63** In addition to legislative and policy reform, AFMH advocated for state government funding to enable local councils to 'effectively implement policies and programs that combat loneliness' and create meaningful connections.⁵⁶⁵ At the same time, the organisation flagged that local governments already provide and fund services that assist in creating community and connections, pointing specifically to the role of local councils in operating libraries and community centres, and funding community-based services.⁵⁶⁶
- 6.64** Further to this, in recognition of the resourcing constraints reported by local councils, specifically in rural and regional communities, inquiry participants shared examples of low or no-cost opportunities for local councils to enhance social connections. For example, Mr Chris Gambian, Executive Director of AFMH, told the committee that local councils can create policies that encourage and support local residents to hold community events that foster social connections:

⁵⁶⁰ Submission 127, Australians for Mental Health, p 15.

⁵⁶¹ Submission 127, Australians for Mental Health, p 15.

⁵⁶² Submission 127, Australians for Mental Health, p 15-16.

⁵⁶³ Submission 127, Australians for Mental Health, p 15.

⁵⁶⁴ *Local Government Act 1993* (NSW) s 406; *Local Government (General) Regulation 2021* (NSW), reg 196A

⁵⁶⁵ Submission 127, Australians for Mental Health, p 16.

⁵⁶⁶ Submission 127, Australians for Mental Health, p 15.

[T]here are just simple things that councils can do that don't cost any money. About a decade ago the then Marrickville council created a policy and a toolkit for locals who wanted to host a street party in their street. It cost the council no money but it culturally sent the message that this ... is something that we will encourage you to do. It gave you an easy way to apply for the permits you need and to deal with all the regulatory barriers there might be for the couple of neighbours who had the bright idea to host a street party in their community for Christmas, Easter, Australia Day or whatever they might choose to have a street party for. A lot of these things don't need to cost a lot of money. Some of them will, of course. Let's not be naive. Some will cost money and those funds should be made available. But in many cases what we are talking about is making this stuff a priority and embedding that priority into the ways decisions get made.⁵⁶⁷

- 6.65** The committee heard some examples of action already undertaken by local councils to foster social connection in their community. For example, in the context of urban planning, Ms Monica Barone, Chief Executive Officer of the City of Sydney, drew the committee's attention to the role of local government in actively developing connected communities, pointing to various examples of urban planning initiatives implemented by the City of Sydney, such as parks and playgrounds which provide people with opportunities to interact with their neighbours and other community members:

... when you have lots of free and public open space and facilities, you are enabling people to come together just through the nature of the design of the city. ... a lot of people in the City of Sydney are living in dwellings on their own ... Many people will talk to me about the fact that they meet their neighbours through their dogs [at the off-leash dog park] and that pets break down the barriers, because people know each other's dogs' names as much as they know each other's names. It's just a very easy way for people to come together. ... Playgrounds bring families together. When people live in apartments, playgrounds and parks that have lots of barbecues, benches and other infrastructure that enable people to have their children's birthday parties out in the public domain—you can design opportunities for people to come together.⁵⁶⁸

- 6.66** Ms Barone further informed the committee that her council channels significant funds into creating and maintaining these community spaces. Using the example of the City of Sydney off-leash parks she explained that:

[I]f we didn't put so much work into creating those off-leash parks—first you have to have the park, then you have to make it off-leash, but you have to have rangers, you have to have bags for picking up rubbish, and you have to have all sorts of infrastructure that people don't really see or understand. It's quite costly to create an urban space that is very inclusive and encourages coming together.⁵⁶⁹

- 6.67** Other urban planning-related initiatives identified by Ms Barone that promote social connection include the provision of:

- good footpaths with plenty of lighting to ensure residents feel comfortable to leave their homes and to attend community hubs and events

⁵⁶⁷ Evidence, Mr Gambian, 15 November 2024, p 14.

⁵⁶⁸ Evidence, Ms Monica Barone, Chief Executive Officer, City of Sydney, 7 February 2025, p 29.

⁵⁶⁹ Evidence, Ms Barone, 7 February 2025, p 29.

- free wi-fi, which may be used by local residents to find out about upcoming events and activities.⁵⁷⁰

6.68 In recognition of the important role played by local governments in creating opportunities for people to come together in their communities, Ms Barone underscored that there is 'a great opportunity' for local government to amplify their role in this space, and to further demonstrate how it can play a role in alleviating loneliness in their community.

6.69 In connection to this, the City of Sydney recommended that the NSW Government recognise that the City, and by implication other councils, are best placed to plan for community infrastructure and called on the government to adequately fund local government to provide and manage community infrastructure and services that connect people, while also:

- collaborating with councils on the provision of social infrastructure during planning and development of state significant precincts
- strengthening policy and legislation to ensure social and recreational facilities are a standard requirement in state led development approvals where appropriate, integrating them into urban and suburban projects to promote community wellbeing
- increasing funding to enhance the amount and quality of public open spaces and their management and maintenance to support social connectedness in an increasingly dense urban environment
- increasing funding for the renewal and construction of recreational facilities through programs, prioritising growth areas and regional centres
- strengthening consultation on state led recreational projects by using local councils proactively to engage communities, ensuring facilities reflect local needs.⁵⁷¹

6.70 Further to this, the City recommended that the NSW Government 'develop more specific design guidance for communal and public spaces, including quantum of space and other measurable criteria, to support social interaction in high density communities'.⁵⁷²

Committee comment

6.71 As shown in earlier chapters, loneliness is a highly complex social issue influenced by a variety of interrelated factors. The impact of these factors varies across different communities, reflecting their unique demographics. Within the context of a whole of society framework, as outlined in chapter 4, the NSW Government has the opportunity to support these diverse experiences, as part of a comprehensive strategy to address loneliness. In the committee's view, the implementation of community level initiatives that provide opportunities for and foster the development of meaningful connections have a pivotal role to play in this space. Community level strategies not only address loneliness among individual citizens; they also enrich and enliven the fabric of our communities, whether they are in metropolitan, regional or rural areas.

⁵⁷⁰ Evidence, Ms Barone, 7 February 2025, p 29.

⁵⁷¹ Submission 120, City of Sydney, p 26.

⁵⁷² Submission 120, City of Sydney, pp 26 and 27.

- 6.72** It is clear to the committee that community-led organisations, including neighbourhood and community centres, play a central role in tackling loneliness on a community level. They are hubs of local knowledge cultivated through meaningful community development and they are very well placed to identify underlying risk factors and develop tailored solutions that reflect community needs, including in times of crisis.
- 6.73** The evidence before the committee demonstrates that community and grassroots organisations offer a variety of innovative localised programs and activities. These include sporting clubs, social organisations, charities and service clubs. Engaging in these programs, as a participant or volunteer, enables residents to meet new people, expand their social network, and build their skills and confidence, all of which strengthens their ability to form and maintain meaningful social connections. In chapter 4 the committee made a finding recognising the specific role that that neighbourhood centres and volunteering programs play in this regard.
- 6.74** The committee was disappointed to learn that the success of community-led interventions has been hampered by short-term, inflexible and convoluted funding structures that impose heavy administrative burdens on community organisations, and divert attention from the vital work of developing, promoting, and implementing impactful strategies that promote social connections.
- 6.75** The committee observed that neighbourhood and community centres are making invaluable contributions to tackling loneliness in their local communities despite limitations caused by existing funding arrangements. As the largest social infrastructure network in New South Wales it makes a great deal of sense that the NSW Government ought to tap into and invest in this invaluable community resource as part of its strategy to address loneliness. Noting that the majority of states in Australia already provide core funding to neighbourhood and community centres, the committee urges the NSW Government to follow suit by ensuring that neighbourhood centres are appropriately funded to build meaningful connections in their local community through a community development approach.

Recommendation 6

That the NSW Government fund new and existing neighbourhood and community centres to build their capacity to address loneliness locally through separate core funding, in addition to program funding.

- 6.76** The committee also recommends that the NSW Government review funding mechanisms available to small community and grassroot organisations, taking into consideration the eligibility challenges and onerous processes identified by inquiry participants. Particular consideration should be given to the provision of small grants that seek to remove barriers to community participation, including for example, physical barriers that prevent older residents or those with physical disability from accessing buildings where community-led initiatives are held. In addition, we recommend that the NSW Government explore opportunities to reduce financial barriers and support greater participation in local sporting and social organisations.

Recommendation 7

That the NSW Government review and enhance funding arrangements for small community and grassroots organisations including by simplifying grant processes and improving eligibility requirements for small grants.

Recommendation 8

That the NSW Government explore opportunities to reduce financial barriers and support greater participation in local sporting and social organisations.

- 6.77** The committee firmly acknowledges the crucial role of government in building connected communities that bring people together, provide opportunities for social interaction and foster a sense of belonging and connection to place. It is the committee's view and indeed self-evident that well designed urban spaces will bring people together, support the development of meaningful connections and improve the quality of life of both individuals and whole communities. We are thus of the view that strategies to enable the development and maintenance of social connection actively consider urban design, green space and third spaces such as community centres and libraries.
-

Finding 8

That strategies to enable the development and maintenance of social connection must take into consideration urban design, green spaces and third spaces such as community centres and libraries.

- 6.78** Consistent with this, it is critical to ensure that third spaces, green spaces and quality transport infrastructure are accessible and equitably distributed across New South Wales. The committee considers that everyone, regardless of their socioeconomic status, age, disability and geographical location, should have access to facilities and other spaces within their communities that will assist them to develop and maintain meaningful social connections. As part of a comprehensive whole of society approach to loneliness, we believe it is imperative for the NSW Government and local governments to work together to ensure that existing communities and future residential projects prioritise the development and activation of third spaces and green spaces that are well connected to public and active transport.
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Recommendation 9

That the NSW Government, in partnership with local government, prioritise the development of and equitable access to third spaces and green spaces that are well connected to public and active transport across metropolitan, regional, rural and remote communities.

- 6.79** In relation to third spaces specifically, the committee supports calls from Youth Action for the NSW Government to establish and provide further support to existing youth hubs across New South Wales. As highlighted in chapter 2, adolescence is well recognised as a period of heightened risk for a range of mental health and social challenges. Additionally, the COVID-19 pandemic and the rise of social media has significantly impacted young people and their ability to form meaningful connections. The committee agrees with stakeholders that creating more safe and inclusive spaces for young people within their community will play a significant role in enhancing their ability to form meaningful connections, with lifelong benefits for the individual, community and broader society.

Recommendation 10

That the NSW Government enhance its support for youth hubs by establishing new youth hubs in New South Wales and provide further investment to existing youth hubs, in recognition of key challenges experienced by young people and the lifelong benefits that will follow.

- 6.80** Additionally, in recognition of the unique challenges experienced in regional, rural and remote communities, we recommend that the NSW Government acknowledges the importance of transport infrastructure and connectivity in these areas. This will play a crucial role in supporting older residents and people with disability living in these communities, along with those who are far more geographically isolated than others, to maintain meaningful connections.

Recommendation 11

That the NSW Government acknowledge the importance of transport infrastructure in regional, rural and remote communities, as a means of enabling practical and meaningful connections.

- 6.81** The lack or absence of public transport across regional, rural and remote New South Wales increases the risk of high levels of social isolation, particularly for elder residents. To overcome this disadvantage, alternative transport options need to be considered.

Recommendation 12

That the NSW Government consider alternative transport options where public transport is not available or accessible, particularly in regional, rural and remote areas of New South Wales.

- 6.82** Further to this, the committee recognises that local governments have a unique understanding of the needs of their local community and play a powerful role in enhancing social connections at the community level. While in many ways they are already taking action to address loneliness we agree with inquiry participants that requiring local councils to prepare and report on plans to address loneliness will encourage local government to reimagine its role in combating loneliness and do more to intentionally enhance social connections. The committee recognises that this may also provide the NSW Government with a better understanding of community

needs around the state, and ideally will help to ensure that councils are appropriately resourced to support existing and proposed programs that foster meaningful connections. This is important given the varying resourcing capabilities between local councils, particularly when comparing metropolitan and regional, rural and remote areas.

- 6.83** The committee therefore recommends that the NSW Government consider changes to the *Local Government Act 1993* to require local governments to explicitly plan for and report on actions to reduce loneliness and increase social connections and identify areas where support may be needed.

Recommendation 13

That the NSW Government consider changes to the *Local Government Act 1993* to require local governments to explicitly plan for and report on actions to combat loneliness and encourage meaningful connections.

- 6.84** The committee recognises that the development of socially connected communities, through the provision of third spaces, green spaces and quality transport infrastructure, is especially relevant in the context the NSW Government's response to the housing crisis. It is imperative that the government ensure that social connection is a key consideration in this space, and we are pleased that the government is committed to prioritising the development of more homes in well-located areas that are near transport, have open spaces and community facilities as well as other social infrastructure such as schools and hospitals. A key message of this inquiry is that well-designed communities offer opportunities for the development of meaningful connections, strengthen social cohesion, and improve health, social and economic outcomes. As underscored by the Little BIG Foundation, the social fabric of communities must be considered alongside physical infrastructure. Within the context of the discussion about community spaces, we also agree that more consideration should be given to ways to leverage private sector investment in fostering community connections, as well as how to maximise the community use of existing assets.

Recommendation 14

That the NSW Government ensure that, as part of its response to the housing crisis, social connections are a key consideration, through the provision and equitable distribution of third spaces, green spaces, public and active transport and other social infrastructure. In doing so, it should consider ways to leverage private sector investment in fostering community connections as well as how to maximise the community use of existing assets.

- 6.85** As demonstrated in the evidence presented by Professor Astell Burt and Professor Feng, a lack of access to green spaces is a particular issue in low socioeconomic communities. Recognising the challenges of making changes to the built environment, in light of the very strong association between disadvantage and loneliness highlighted by multiple stakeholders, it is imperative that the government ensure that place based strategies to address loneliness actively target disadvantaged communities.

Recommendation 15

That the NSW Government, through the Department of Local Government and other means, ensure that place based strategies to address loneliness actively target disadvantaged communities.

Chapter 7 Population focused strategies

As flagged in chapter 4, adopting a whole of society approach to addressing loneliness, requires that the government adopt a strategy that not only focuses on the needs of at risk individuals and their communities, but also considers what should be done to address loneliness on a population level. This chapter unpacks the crucial role played by population focused strategies in responding to loneliness, with a specific focus on prevention. Recognising that feelings of loneliness is a normal part of the human condition – in the same way that it is normal for people to feel thirsty or hungry – reference to prevention in this chapter is specifically concerned with the preventing the development of persistent loneliness.

It underscores the important role of population level strategies in preventing persistent loneliness by building community awareness and understanding and mobilising the broader community to 'reach in' and support individuals who may be experiencing or at risk of loneliness to encourage help-seeking behaviour and support the development of meaningful connections.

In doing so, this chapter documents to several examples of population focused strategies shared with the committee including the implementation of a state-led community awareness campaign, building workforce capacity, developing workplace and school-based strategies, and creating a curated directed of existing services and supports. An important characteristic, evident within in each of these strategies, is a focus on empowering individuals, who are not experiencing loneliness, to reach in.

The need for population focused strategies – a focus on prevention

- 7.1** The importance of investing in population focused strategies, alongside individual and community level interventions, to fully address loneliness was clearly articulated by Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together, and Associate Professor, Prevention Research Collaboration, University of Sydney. Professor Lim explained to the committee that whilst individual and community focused strategies play a key role in assisting individuals and supporting at-risk communities, the NSW Government also has an opportunity to implement population-wide strategies that focus on preventing persistent loneliness:

We have a lot of investments in interventions, focused on the individual level and some on the community level. I will, of course, advocate that we do need to look at these at-risk communities. However, government has the opportunity to look at population-wide strategies as well. Given that there is a high prevalence of loneliness—at any given time, one in three of us will experience it—what we're really trying to do is to prevent that one in three from going on to develop more persistent loneliness. Only government would be able to have a strategy where we have this population-wide initiative.⁵⁷³

- 7.2** A unique aspect of these different population-wide strategies is that they not only motivate individuals experiencing loneliness to 'reach out' for help, but they also empower others to 'reach in' to assist them. For example, recognising that many people actively conceal feelings loneliness due to stigma and shame (as discussed in chapter 2), population focused strategies may:

⁵⁷³ Evidence, Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together, and Associate Professor, Prevention Research Collaboration, University of Sydney, 15 November 2024, p 3.

- promote and distribute educational resources challenging misconceptions associated with loneliness and highlighting the importance of meaningful connections⁵⁷⁴
- foster an environment in which people experiencing loneliness, whether it be transient or persistent, feel safe to reach out for help, to tell others if they are feeling lonely, without fear of judgement.⁵⁷⁵

7.3 On the flip side, population focused strategies may also seek to build the capacity of those who are not experiencing loneliness to 'reach in' by providing them with the necessary skills and confidence to recognise and check in with individuals who may be silently struggling.

7.4 A number of participants underscored the significance of strategies that encourage people to reach in rather than relying on lonely individuals to reach out. For example, Lifeline Central West, advised the committee that 'many people struggling with loneliness often suffer silently waiting and wanting the people in their lives to 'reach in' and pick up on ... invitations, for help'.⁵⁷⁶ In response, the organisation highlighted the importance of training community members as 'gatekeepers' or 'accidental counsellors' – an informal role in which they are empowered to look out for 'wellbeing of people in their lives that they regularly see'. When these Gatekeepers or Accidental Counsellors notice a change in someone's behaviour, they can reach in and provided support:

Often we encourage people who are struggling to 'reach out', sometimes this is just an additional pressure that they are simply not able to do. This is why having those that can 'reach in' whether it be by picking up the phone, connecting with others in their circle that may be better placed to check in, or connecting them with support rather than ignoring or dismissing what they may be seeing but are unsure what to do about it. Instead a 'Gatekeeper' [or an 'Accidental Counsellor'] is committed to act and have the confidence to do so as they have been trained in how to.⁵⁷⁷

7.5 The value of 'reaching in' was also highlighted by Uniting, who ran a pilot program Continuing to be Me @ Home (C2bMe@home) in their residential aged care facilities. As stated by Ms Emma Maiden, General Manager, Advocacy and External Relations at Uniting NSW.ACT, the program, in addition to group and follow up one on one session with residents and clinicians, also included upskilling for staff.

Another really important part of the program was the upskilling of staff within the residential aged-care home in order to better identify the signs that somebody was experiencing social isolation and loneliness or mental health issues, in order to better support them and to identify them for referral to one-on-one support.⁵⁷⁸

7.6 The value of building community capacity to respond to loneliness by training gatekeepers was further reiterated by Mrs Stephanie Robinson, Chief Executive Officer, Lifeline Central West:

⁵⁷⁴ See for example: Submission 55, Ending Loneliness Together, p 11; Submission 129, Business Council of Australia, pp 19-20; Submission 104, The Salvation Army, p 11; Submission 44, St John's Cathedral, Brisbane, p 16.

⁵⁷⁵ Evidence, Professor Lim, 15 November 2024, p 3.

⁵⁷⁶ Submission 40, Lifeline Central West, p 1.

⁵⁷⁷ Submission 40, Lifeline Central West, p 1.

⁵⁷⁸ Evidence, Ms Emma Maiden, General Manager Advocacy and External Relations, Uniting NSW.ACT, 12 December 2024, p 46.

I've now been with Lifeline 10 years and have always valued the 24/7 crisis service, which I think is incredible. It absolutely saves lives. But working on the ground, what I see is that all the answers lie in community. We are all involved, whether it be just the supermarket we go to, the pub on the corner that you go to on a Friday night or playing soccer—whatever that might be. There are people that you constantly come into contact with and they get to know your behaviours, who you are and how you act all the time. There is the concept of building capacity in community by training up the gatekeepers ... whether you're in an official or unofficial role in a community. You might be the publican. You might be the footy coach. If you give them some skills and knowledge to empower them to be able to act so they don't, we say, miss, dismiss or avoid those signs when somebody is not doing okay, we can really strengthen our safety net.⁵⁷⁹

- 7.7** Reflecting upon her lived experience, Ms Stephanie Trainor, Policy Advisor, Suicide Prevention Australia, also emphasised to the committee that it is often difficult for lonely individuals to reach out for help.⁵⁸⁰ She stressed that it is necessary to shift the onus away from the individual and consider how to create an environment that supports and encourages help seeking behaviour:

The act of reaching out to a friend, the act of reaching out to a GP, the act of going to a coffee shop to have a coffee with somebody are all incredibly challenging behaviours to engage in. ... I think a lot of the onus is often on the individual attempting to seek help. The reality is that we need to ensure that we're creating an environment that actually supports that and encourages that and bridges that gap. ... we are really talking about how are we ensuring that we are creating more advocates and creating more diverse support systems that can breach that loneliness gap.⁵⁸¹

- 7.8** Inquiry participants identified the following examples of population-wide interventions:

- community awareness campaigns⁵⁸²
- building the capacity of workers in health and community services to understand, assess and respond appropriately to people at risk of loneliness⁵⁸³
- workplace strategies that such as providing opportunities for employees to feel included and supported in the workplace by ensuring that they are not overly burdened at work, and enabling quality interactions⁵⁸⁴

⁵⁷⁹ Evidence, Mrs Stephanie Robinson, Chief Executive Officer, Lifeline Central West, 7 February 2025, p 13.

⁵⁸⁰ Evidence, Ms Stephanie Trainor, Policy Advisor, Suicide Prevention Australia, 15 November 2024, p 17.

⁵⁸¹ Evidence, Ms Trainor, 15 November 2024, p 17.

⁵⁸² Evidence, Professor Lim, 15 November 2024, p 3.

⁵⁸³ Evidence, Professor Lim, 15 November 2024, p 4. See also, Submission 55, Ending Loneliness Together, p 11; Submission 71, Groundswell Foundation, pp 4 and 14; Submission 129, Business Council of Australia, pp 19-20.

⁵⁸⁴ Evidence, Professor Lim, 15 November 2024, p 4. See also, Submission 129, Business Council of Australia, p 22; Submission 114, Beyond Blue, p 4.

- educational strategies targeting children, adolescents and young people as they learn to navigate social relationships⁵⁸⁵
- development of a curated directory to help individuals identify and access services and supports that address loneliness.⁵⁸⁶

7.9 Each of these population focused interventions will be examined in the sections below.

7.10 When considering the various population level strategies to address loneliness, it is also important to note that such strategies should also take into consideration the unique needs and intersectional experiences of cohorts most at risk of experiencing loneliness, including:

- people experiencing financial hardship
- young people
- older people
- people from rural and remote communities
- First Nations people
- culturally and linguistically diverse people
- people with disability
- people with chronic health conditions and/or poor mental health
- carers
- people who are single, separated, divorced or widowed
- victim-survivors of domestic and family violence
- LGBTQIA+ people.

Community awareness campaign

7.11 Throughout this inquiry, many participants called for the implementation of a state led community awareness campaign as a strategy to prevent the development of persistent loneliness.

7.12 As noted in chapter 2, experiences of loneliness and social isolation may be influenced by various risk factors, including a lack of interpersonal 'microskills' and feelings of stigma and shame. These two risk factors can mean that a lonely person's isolation is self-reinforcing,

⁵⁸⁵ Evidence, Professor Lim, 15 November 2024, p 4. See also, Submission 46, Orygen, p 3; Evidence, Ms Jennifer Black, Commissioner, Mental Health Commission of NSW, 12 December 2024, p 9; Evidence, Mr Greg Jennings, Chief Engagement Officer, Beyond Blue, 15 November 2024, p 32; Submission 9, Ms Julia Hern, p 10; Submission 85, Top Blokes Foundation, p 4.

⁵⁸⁶ Submission 55, Ending Loneliness Together, p 11.

further undermining their ability to make meaningful connections.⁵⁸⁷ Additionally, stigma and shame often contribute to individuals actively concealing feelings of loneliness⁵⁸⁸ and undermine their willingness to reach out for support.⁵⁸⁹ By contrast, as discussed above, the experience of loneliness can be ameliorated by others being mobilized to 'reach in' to support those they recognise as being at risk of loneliness.

- 7.13** As observed by Ending Loneliness Together, despite its high prevalence, loneliness is a widely misunderstood social issue – even if an individual understands that loneliness, in of itself, is a problem many people 'do not know how to help themselves or others, where to go [to access support], and are reluctant to seek help early'. As a result, many 'are not getting the help they need early to prevent poor health outcomes'.⁵⁹⁰
- 7.14** In response to this issue, several inquiry participants recommended that the NSW Government implement a community awareness strategy to:
- destigmatise loneliness
 - provide resources to support individuals to strengthen microskills and challenge misconceptions about loneliness
 - highlight the importance of meaningful connections and community participation
 - promote existing services and supports.⁵⁹¹
- 7.15** Ending Loneliness Together recommended that the NSW Government take action to improve community awareness of loneliness in New South Wales. In doing so, the organisation referred to its Loneliness Awareness Week highlighting its broad reach across Australia.⁵⁹² Further information about Loneliness Awareness Week is provided later in this section.
- 7.16** Similarly, the Groundswell Foundation called on the NSW Government to 'back campaigns to destigmatise loneliness and encourage meaningful conversations to support community connections'.⁵⁹³ As part of this recommendation, the Groundswell Foundation proposed that the government:

⁵⁸⁷ See for example: Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 15; Submission 3, Mr Grant Mistler, p 1; Submission 9, Ms Julia Hern, p 9; Submission 38, The Construction Industry Drug and Alcohol Foundation, pp 4-5.

⁵⁸⁸ See for example: Evidence, Ms Elisabeth Shaw, Chief Executive Officer, Relationships Australia NSW, 15 November 2024, p 29; Evidence, Mr Phil McAuliffe, Founder, Humans:Connecting, 6 February 2025, p 13; Submission 14, Heart on My Sleeve Movement Ltd, pp 2-3

⁵⁸⁹ See for example: Submission 55, Ending Loneliness Together, p 6; Submission 114, Beyond Blue, p 3.

⁵⁹⁰ Submission 55, Ending Loneliness Together, p 6.

⁵⁹¹ See for example: Lived Experience Australia Ltd, *Understanding loneliness and mental health*, 2022, p 7; Submission 71, Groundswell Foundation, pp 4 and 14; Submission 129, Business Council of Australia, pp 19-20; Evidence, Heather Whigham-Reid, Cooperative Member, The Rural Woman, 7 February 2025, pp 37 and 41; Submission 104, The Salvation Army, p 11; Submission 72, Relationships Australia NSW, p 12; Evidence, Dr Stephanie Hodson, Chief Executive Officer, Relationships Australia Canberra and Region, 15 November 2024, p 30.

⁵⁹² Submission 55, Ending Loneliness Together, p 11.

⁵⁹³ Submission 71, Groundswell Foundation, pp 4 and 14.

- 1) Identify target groups most in need of awareness-raising about loneliness
- 2) Develop a public awareness campaign, in partnership with creative agencies and media channels
- 3) Normalise conversations about loneliness and mental health through the use of celebrities/community leaders as loneliness ambassadors
- 4) Encourage the sharing of stories of loneliness through a short film competition, writing competition, or social media.⁵⁹⁴

7.17 Referring specifically to the development of a public awareness campaign, Mr Martin Blake, Chairman of the Groundswell Foundation, advised the committee that whilst this intervention does not address the underlying drivers of loneliness per se, evaluations conducted in the United Kingdom have demonstrated that public awareness campaigns are an effective measure for addressing stigma.⁵⁹⁵ Further to this, Mrs Johanna Pitman, Chair of the Groundswell Foundation's Research SubCommittee, noted that a public awareness campaign will 'signal' the government's commitment to destigmatising loneliness.⁵⁹⁶

7.18 Beyond destigmatisation, the committee heard that community awareness campaigns have played a key role in normalising conversations about loneliness, enhancing community participation and both supporting and encouraging individuals to seek out meaningful connections. This is discussed further later in this section when considering examples of existing community awareness campaigns shared with the committee.

7.19 The Business Council of Australia (BCA) also recommended that the NSW Government 'create a public awareness campaign and education about the prevalence and consequences of loneliness, to destigmatise the issue and encourage people to access services and support'.⁵⁹⁷ Further to this, BCA recommended that that this public awareness campaign should:

- support individuals to talk about loneliness and social isolation, and build their capacity to self-identify
- target different sectors of the community
- disseminate information to boost understanding of the nature and impact of loneliness.⁵⁹⁸

⁵⁹⁴ Submission 71, Groundswell Foundation, p 14.

⁵⁹⁵ Evidence, Mr Martin Blake, Chairman, Groundswell Foundation, 15 November 2024, 15 November 2024, p 20.

⁵⁹⁶ Evidence, Mrs Johanna Pitman, Chair, Research Sub-Committee, Groundswell Foundation, 15 November 2024, p 20.

⁵⁹⁷ Submission 129, Business Council of Australia, p 3 and 23.

⁵⁹⁸ Submission 129, Business Council of Australia, pp 19-20.

What does a successful campaign look like?

7.20 To be effective, inquiry participants noted that community awareness campaigns must be authentic,⁵⁹⁹ targeted,⁶⁰⁰ educational,⁶⁰¹ multimodal,⁶⁰² evidence based,⁶⁰³ accessible⁶⁰⁴ and include clear and consistent messaging.⁶⁰⁵

7.21 For example, the Groundswell Foundation advised the committee that a public awareness campaign must be 'authentic (featuring real people, real stories and real events) ... guided by data and include a clear message and call to action'.⁶⁰⁶ Further to this, in drawing upon lessons learnt in the UK, Mr Blake highlighted that community awareness campaigns should have a carefully targeted audience:

[T]he experience in the UK is they started off— this was over a decade ago—with their initial campaign to tackle the stigma associated with loneliness, and they had a very broad campaign. Whilst it did raise some level of awareness, it wasn't that effective. What they've done is focus their various campaigns—the campaign last year was called "Let's Talk Loneliness", and it was specifically targeted at young people. It was very effective in terms of targeting young people because it's much more specific in terms of those particular cohorts.⁶⁰⁷

7.22 KPMG, who have worked with the Groundswell Foundation, advised the committee that to optimise effectiveness, an awareness campaign should include a number of elements:

- clear and consistent messaging that highlights the prevalence and impacts of loneliness, and includes use of statistics and personal stories
- a multichannel approach that utilises social media, traditional media, community events and public spaces to reach a broader audience
- stakeholder engagement that involves public, private and not for profit organisations to 'amplify the campaign's reach and integrate loneliness awareness into existing health and wellbeing initiatives'
- reference to educational materials and resources
- community involvement to leverage existing social infrastructure including community organisations, clubs and community associations

⁵⁹⁹ Submission 71, Groundswell Foundation, p 15.

⁶⁰⁰ Evidence, Mr Blake, 15 November 2024, p 23.

⁶⁰¹ Answers to questions on notice, Ms Elizabeth Clark, Partner, Policy, Economics & Public Impact, KPMG Australia, 19 December 2024, p 1; Submission 62a, Humans:Connecting, p 3; Submission 104, The Salvation Army, p 11.

⁶⁰² Answers to questions on notice, Ms Elizabeth Clark, p 1.

⁶⁰³ Submission 71, Groundswell Foundation, p 15; Answers to questions on notice, Ms Elizabeth Clark, pp 1-2.

⁶⁰⁴ Submission 104, Salvation Army, p 11.

⁶⁰⁵ Answers to questions on notice, Ms Elizabeth Clark, p 1; Submission 71, Groundswell Foundation, p 15;

⁶⁰⁶ Submission 71, Groundswell Foundation, p 15.

⁶⁰⁷ Evidence, Mr Blake, 15 November 2024, p 23.

- monitoring and evaluation to track campaign progress and impact through data collection and research.⁶⁰⁸

Existing campaigns

7.23 Some stakeholders shared examples of existing community awareness campaigns aimed at preventing persistent loneliness by supporting people to build meaningful connections. Two notable examples were Ending Loneliness Together's Loneliness Awareness Week and Relationships Australia's Neighbours Every Day campaign.

7.24 A summary of these campaigns is provided below.

Loneliness Awareness Week

7.25 Ending Loneliness Together's Loneliness Awareness Week is held every year in early August.⁶⁰⁹ Throughout the week the campaign:

Shines a spotlight on the shared experience of loneliness and calls on all Australians, including individuals, communities, workplaces, education and government to take action to reduce loneliness and create more opportunities for meaningful social connections.⁶¹⁰

7.26 Loneliness Awareness Week is a relatively new campaign, which first commenced in 2023. Each campaign has coincided with the publication of new research. In 2023, Ending Loneliness Together published its *State of the nation report: Social connection in Australia 2023*.⁶¹¹ Then in 2024, the peak body released its *Why we feel lonely – A deep dive into how different life circumstances contribute to persistent loneliness and social isolation* report.⁶¹²

7.27 As part of its 2024 campaign, Ending Loneliness Together uploaded 14 short videos of individual Australians, including public figures, who shared their experiences of loneliness and emphasised the power of meaningful social connections.⁶¹³ A submission portal was also created to encourage people to share their experiences online.⁶¹⁴ In addition, community forums were held in local schools and organisations to promote awareness and change the way Australians speak about loneliness, with the intention of destigmatisation and promoting help-seeking behaviour.⁶¹⁵

⁶⁰⁸ Answers to questions on notice, Ms Elizabeth Clark, p 1-2.

⁶⁰⁹ Loneliness Awareness Week Australia 4 – 10 August 2025, Ending Loneliness Together, <https://lonelinessawarenessweek.com.au/>.

⁶¹⁰ About Loneliness Awareness Week Australia, Ending Loneliness Together, <https://lonelinessawarenessweek.com.au/about-2024/>.

⁶¹¹ Ending Loneliness Together, *State of the Nation Report: Social Connection in Australia 2023*, pp 6-7.

⁶¹² Ending Loneliness Together, *Why we feel lonely: A deep dive into how different life circumstances contribute to persistent loneliness and social isolation*, 2024, p 21.

⁶¹³ Loneliness Awareness Week Australia 5 - 11 August 2024, Ending Loneliness Together, <https://lonelinessawarenessweek.com.au/home-2024/>.

⁶¹⁴ We know lonely, Ending Loneliness Together, <https://endingloneliness.com.au/stories/>.

⁶¹⁵ Submission 55, Ending Loneliness Together, p 11.

- 7.28** The committee heard that Loneliness Awareness Week is a wide-reaching strategy. Professor Lim reported that in 2024 the campaign yield 598 million media impressions over a period of three weeks and two thousand people engaged with online resources. Examples of online resources included:
- 'Conversation starter' tipsheet
 - 'Belonging on a budget' tipsheet
 - guidelines for talking about loneliness
 - webinars and podcasts.⁶¹⁶
- 7.29** In reflecting upon the impact of Loneliness Awareness Week, the Country Women's Association of NSW advised the committee that this campaign has provides an opportunity 'to normalise conversations about loneliness, help dispel misconceptions, and encourage everyone to seek out meaningful connections'.⁶¹⁷
- 7.30** In recommending that the NSW Government take action to improve community awareness, Professor Lim suggested that the government scale up Loneliness Awareness Week through the provision of funding and resources.⁶¹⁸

Neighbours Every Day

- 7.31** Relationships Australia NSW told the committee about its Neighbours Every Day (NED) campaign that 'empowers individuals to build connections with their communities, improving social ties and reducing feelings of isolation'.⁶¹⁹ The year-round campaign was developed in response to Relationships Australia's 'Neighbour Day' which is celebrated on the last Sunday in March.⁶²⁰
- 7.32** Dr Stephanie Hodson, Chief Executive Officer of Relationships Australia Canberra and Region, further informed the committee that the NED campaign involves working with local councils and community organisations to create events for local residents.⁶²¹ In doing so, Dr Hodson remarked that one of her favourite aspects of the campaign is the 'tips to achieving belonging', which support individuals to develop 'microskills' for building social connections. She noted that this is important in light of the fact that a lack of interpersonal microskills is a known risk factor for loneliness (see chapter 2).⁶²²
- 7.33** The full list of tips for achieving belonging is provided below:

⁶¹⁶ Resources, Ending Loneliness Together, <https://endingloneliness.com.au/resources/#tipsheets>.

⁶¹⁷ Submission 15, Country Women's Association, p 7.

⁶¹⁸ Evidence, Professor Lim, 15 November 2024, p 3.

⁶¹⁹ Submission 72, Relationships Australia NSW, pp 11 and 19.

⁶²⁰ Submission 72, Relationships Australia NSW, p 20; Neighbours Every Day: Create, Share, Grow Belonging, Relationships Australia, <https://neighbourseveryday.org/>.

⁶²¹ Evidence, Dr Hodson, 15 November 2024, p 30.

⁶²² Evidence, Dr Hodson, 15 November 2024, p 30.

1. **Listen.** Hearing someone is one of the most powerful ways we can show them that they belong. This doesn't always mean agreeing with them, it means acknowledging what they have said and how they feel.
2. **Give.** Giving connects two people, the giver and the receiver, and this connection creates a new sense of belonging
3. **Be yourself.** True belonging only happens when we present our authentic, imperfect selves to the world. Our sense of belonging relies on our level of self-acceptance.
4. **Make an effort.** Creating a sense of belonging takes effort. It requires you to put yourself out there. Seek out activities and groups of people with whom you have common interests, and respectfully engage with others who you may be different to.
5. **Be patient.** It might take time to gain acceptance, attention, and support from members of the group. Practice small steps, often, and over time these will pay off.
6. **Reach out** to people you don't know. You may find you have more in common than you think.
7. **Practice acceptance.** Focus on the similarities, not the differences. Remain open to new ways of thinking.
8. **Be empathetic.** Listen, hold space, withhold judgment, connect emotionally. These all communicate the message "*you're not alone*".
9. **'Call in' rather than 'call out'.** 'Calling out' publicly challenges someone for their views. People can feel criticised, creating a sense of shame and deflection. 'Calling in' invites a deeper discussion and creates a compassionate space for listening and understanding. Calling in helps people recognise their assumptions and offers new information and perspectives.
10. **Learn about the experiences of our First Nations.** Recognising Aboriginal and Torres Strait Islanders' continuous custodianship of these Countries is the first step to supporting your own sense of belonging.⁶²³

7.34 Relationships Australia advised that the evaluation it had conducted in partnership with the Australian National University in 2021 found a clear link between Neighbour Day participation and improved connection and wellbeing, and made a case that the campaign could be scaled up for wider implementation:

Neighbour Day participants were more likely to have high quality social relationships of all kinds (e.g., with their colleagues and friends), rather than only their neighbours. there was evidence for positive changes in both social connection and wellbeing over time among Neighbour Day participants. When considered together with previous

⁶²³ Neighbours Every Day, *10 ways to achieve belonging*, Relationships Australia, https://neighbourseveryday.org/wp-content/uploads/sites/2/10-ways-to-achieve-belonging_SCGB.pdf.

evaluations ... we can be confident that Neighbour Day represents a scalable, grass-roots approach to building community connection that benefits wellbeing.⁶²⁴

- 7.35** Relationships Australia NSW recommended that the government 'support evidence and community-based loneliness interventions, such as Neighbours Every Day ... that support people to create new connection[s] in their community and improve all the relationships in their lives'.⁶²⁵

Building the capacity of health and community services

- 7.36** A number of inquiry participants highlighted the value of building the capacity of various workers, including frontline workers in healthcare and community services, to appropriately identifying and response to loneliness, as a population level strategy to address loneliness.
- 7.37** For example, Ending Loneliness Together recommended that the NSW Government develop, implement and evaluate an evidence based multisectoral social connection competency framework to guide community, health, and corporate sectors to address loneliness and social isolation, and to promote social connection.⁶²⁶
- 7.38** As further explained by Professor Lim, the social competency framework focuses on training and equipping frontline practitioners with knowledge of how to respond to loneliness and social isolation – what to say and what not to say – with the goal of ensuring that people who feel lonely feel safe to reach out and get the help they need.⁶²⁷ Ending Loneliness Together recommended evidence-based training to build the capacity of frontline practitioners across New South Wales.⁶²⁸
- 7.39** In a similar vein, the Australian Social Prescribing Institute of Research and Education (ASPIRE) highlighted the need for workforce development and capacity building within the healthcare sector to ensure successful implementation of social prescribing (discussed at length in chapter 5). In doing so ASPIRE articulated some of the practitioners to be targeted for workforce development:

By supporting these frontline healthcare professionals with training, resources, and appropriate incentives, we can build sustainable capacity for social prescribing without creating entirely new workforce structures. ... Investment in workforce development should encompass training programs for GPs, practice nurses, and pharmacy staff in social prescribing principles, alongside integration into existing health assessment and care planning processes.⁶²⁹

⁶²⁴ Answers to questions on notice, Dr Stephanie Hodson, Chief Executive Officer, Relationships Australia Canberra and Region, 17 December 2024, p 27; Associate Professor Tegan Cruwys, Dr Polly Fong and Dr Joanne A Rathbone, 'Neighbour Day Evaluation 2021: Creating Connection to Community', Australian National University, 25 February 2022, p 27.

⁶²⁵ Submission 72, Relationships Australia NSW, p 3.

⁶²⁶ Submission 55, Ending Loneliness Together, p 11.

⁶²⁷ Evidence, Professor Lim, 15 November 2024, p 6.

⁶²⁸ Submission 55, Ending Loneliness Together, p 11.

⁶²⁹ Submission 116, Australian Social Prescribing Institute of Research and Education (ASPIRE), p 25

- 7.40 As a specific aspect of building workforce capacity to identify and respond to loneliness, Ms Elisabeth Shaw, Chief Executive Officer, Relationships Australia NSW, highlighted the need to ensure that healthcare professionals, and other frontline workers, recognise the importance of including family, friends, carers and workmates in responding to an individual client's loneliness. She explained that these relationships are a current resource and that existing social networks can act as 'wise guides' and play a crucial role in supporting individuals experiencing loneliness and social isolation.⁶³⁰

Pharmacist Training Program on Loneliness program

- 7.41 A notable example of an existing program that builds workforce capacity to identify and respond to loneliness shared with the committee was the 'Pharmacist Training Program on Loneliness' developed by the group Pharmacy Addressing Loneliness and Social-isolation (PALS), detailed below.
- 7.42 PALS told the committee that they have developed a comprehensive, evidence-based, and accredited online Pharmacist Training Program on Loneliness implemented in partnership with the Pharmaceutical Society of Australia.
- 7.43 The program 'aims to expand the knowledge, skills and confidence of practitioners to screen those patients most at risk of poor health outcomes as a result of loneliness and help (re)connect them with community support'.⁶³¹ It was developed by Australian pharmacist and PALS founder Jenny Kirschner, with input from Professor Johanna Badcock, Training Program Scientific Advisor to PALS and Co-Founder of the Global Initiative on Loneliness and Connection.⁶³²
- 7.44 Ms Kirschner highlighted to the committee the potential to leverage this trusted and embedded workforce in addressing loneliness in every community around the state:

As mentioned, there are 11,000 pharmacists and 2,000 community pharmacies. Pharmacists are one of, amongst others, the most trusted professionals. They are really a community-embedded healthcare professional. They serve as critical regular access points and touchpoints for individuals who are at high risk of loneliness and also those who are experiencing loneliness and social isolation, often providing the only regular face-to-face contact. Community pharmacists know of the many patients who deliberately spread out their script fulfilment just so they can come in for a chat. I've seen it. These patients—fellow humans—are starving for human connection and they're desperate to have their existence witnessed. The personal relationship formed between pharmacists and patients is a really powerful form of social capital.⁶³³

- 7.45 The training program is conducted in a self-paced and self-directed format, in which 'content is delivered via an online learning platform in modules with supportive video interviews'.⁶³⁴ Relevant modules include:

⁶³⁰ Evidence, Ms Shaw, 15 November 2024, p 26.

⁶³¹ Submission 42, Pharmacy Addressing Loneliness and Social-isolation (PALS), p 11.

⁶³² Submission 42, Pharmacy Addressing Loneliness and Social-isolation (PALS), p 11.

⁶³³ Evidence, Ms Jenny Kirschner, Pharmacist and Founder, Pharmacy Addressing Loneliness and Social-isolation, p 24.

⁶³⁴ Tabled document, Ms Jenny Kirschner, Pharmacist and Founder, Pharmacy Addressing Loneliness and Social-isolation, *Pharmacist training on loneliness*, p 1.

- Module 1: What is loneliness
- Module 2: How common is loneliness
- Module 3: Health impacts of loneliness
- Module 4: Evidence linking loneliness and medication use
- Module 5: Spotlight on stigma
- Module 6: What pharmacist can do at a patient level
- Module 7: What pharmacists can do at a pharmacy level
- Module 8: What pharmacists can do at a community level
- Module 9: Loneliness in pharmacists.⁶³⁵

- 7.46** The training takes approximately five hours to complete and includes multiple choice questions to track and assess participants' understanding of materials, with a certificate of completion.⁶³⁶
- 7.47** Interestingly, in addition to supporting pharmacists to identify and respond to loneliness in others, this training program also supports pharmacist to self-identify. Module 9 is 'dedicated to loneliness within the pharmacy profession', recognising workplace-specific risks factors including the demanding nature of healthcare settings, high levels of burnout, professional isolation, and stigma towards help-seeking.⁶³⁷
- 7.48** Ms Kirschner informed the committee that the introduction of this training has seen unprecedented enrolment numbers, with pharmacists reporting high levels of satisfaction with the program as well as improvements in knowledge and confidence to understand the health impacts of loneliness, engage in conversations with patients about loneliness, and provide better support to those experiencing loneliness. She called for funding for the training program so that every pharmacists across the state can participate, advising that, 'the online accredited training program is ready to go for rollout, with opportunities to expand content for priority and vulnerable groups' and that funding would enable evaluation.⁶³⁸
- 7.49** PALs also highlighted the potential for the NSW Government to 'leverage the extensive pharmacy network for public health messaging through partnership with NSW Health promotion units and other health promotion experts to develop targeted campaigns that raise awareness, reduce stigma and promote the protective health benefits of social connection'.⁶³⁹

Workplace-based strategies

- 7.50** As a further population level strategy to address social isolation and prevent persistent loneliness, the committee heard that measures should be implemented within workplaces across

⁶³⁵ Tabled document, *Pharmacist training on loneliness*, p 1.

⁶³⁶ Tabled document, *Pharmacist training on loneliness*, p 1.

⁶³⁷ Submission 42, Pharmacy Addressing Loneliness and Social-isolation (PALS), p 11.

⁶³⁸ Evidence, Ms Kirschner, 6 February 2025, p 24.

⁶³⁹ Evidence, Ms Kirschner, 6 February 2025, p 24.

the broader population. As flagged earlier in this chapter, examples of such measures include those that:

- provide opportunities for employees to feel included and supported in the workplace
- ensure that employees are not overly burdened at work, with sufficient time to focus on their personal lives and build quality interactions.⁶⁴⁰

7.51 As an example of a workplace-based strategy, Beyond Blue referred to a training program developed by the insurer AIA Australia in partnership with Ending Loneliness Together designed to help people recognise and respond to loneliness in the workplace. Beyond Blue cited evidence that one in four people experience loneliness in the workplace and made the case that 'Equipping employers and employees with the skills to build meaningful social relationships contributes to an organisational culture of connection'.⁶⁴¹

7.52 The value of implementing workplace strategies to prevent loneliness was backed by the Business Council Australia (BCA) who told the committee that employers have a unique role to play in responding to loneliness and social isolation. In doing so, the peak organisation underscored a key aspect of its mission is to support the creation of inclusive workplaces that foster an environment in which people are connected and feel part of team.⁶⁴² To achieve this, BCA recommended that the NSW Government 'partner with leading businesses to highlight the value of creating connected workplaces which benefit both employers and employees'.⁶⁴³

7.53 The BCA went on to set out the substantial tasks for businesses in driving these changes:

To achieve this goal, businesses will need to commit to:

- making social connection a priority in the workplace
- fostering a workplace culture which allows people to connect with each other
- considering opportunities and challenges posed by flexible work hours and arrangements, including in-person, remote, and hybrid which could impact an employee's ability to connect with others
- training, resourcing and empowering leaders and managers to promote connections in the workplace and implement programs that foster connection, to assist employees experiencing loneliness and social isolation
- leveraging existing leadership and employee training, orientation and wellness resources to educate the workforce about the importance of social connection for workplace wellbeing, health, productivity, performance, and retention
- creating a culture that values volunteering and encourages businesses to support volunteer work by their employees

⁶⁴⁰ Evidence, Professor Lim, 15 November 2024, p 4.

⁶⁴¹ Submission 114, Beyond Blue, p 4.

⁶⁴² Submission 129, Business Council of Australia, p 22.

⁶⁴³ Submission 129, Business Council of Australia, p 22.

- supporting local community groups, such as sporting or cultural groups, which play an important role in fostering community engagement.⁶⁴⁴

7.54 In a similar vein, though looking beyond the workplace and to interactions with consumers, the Groundswell Foundation identified a number of business-led initiatives that could be implemented to address loneliness in New South Wales:

- 1) Encouraging supermarkets to introduce a slow queue to encourage conversation and interaction
- 2) Providing talking points and training to pharmacists as trusted community leaders who engage daily with individuals experiencing loneliness
- 3) Promoting the MindForward Alliance Leadership Pledge or equivalent for Australian employers in partnership with Corporate Mental Health Alliance Australia
- 4) Creating spaces within shopping centres to foster social connections and/or deliver loneliness-related interventions.⁶⁴⁵

7.55 SPOKE International highlighted the critical role to be played by corporations in educating their leaders towards improving employee engagement and productivity by 'creating safe spaces to discuss loneliness openly and build meaningful connections with their team'.⁶⁴⁶

7.56 Referring to the notable challenges experienced by construction workers, including economic hardship and relationship breakdown (risk factors for loneliness identified in chapter 2), Mr Alex Kalliris, Program and Clinical Manager, Construction Industry Drugs and Alcohol Foundation with the highlighted that employers have a responsibility to reach in and to support their employees when they observe red flags for personal problems. In doing so, he emphasised the need for employers to engage in meaningful conversations with their employees, beyond everyday casual politeness:

I believe the responsibility of that needs to go onto the employer, because they don't see that their employees are struggling, that more work needs to be done, more training needs to be done and more interventions need to happen. Because they walk past each other at work and say, "How are you?", "Good, good", "How are you?" It's nothing else. But if we promote that conversation, get people talking about this sort of stuff, people will be able to intervene and say, "You don't look right", or, "You're wearing the same thing for a week", or, "You've been asking me for money for lunch." Then they can get in and get the help that they need, whether it's through therapy, through counselling, through financial help, whatever it is.⁶⁴⁷

7.57 Additionally, one submission author emphasised to the committee that action should be taken to address the rise in short-term and casual roles, which have the potential to undermine the ability of workers to form meaningful relationships with their colleagues:

⁶⁴⁴ Submission 129, Business Council of Australia, p 22.

⁶⁴⁵ Submission 71, Groundswell Foundation, p 4.

⁶⁴⁶ Submission 123, SPOKE International, p 4.

⁶⁴⁷ Evidence, Mr Alex Kalliris, Program and Clinical Manager, Construction Industry Drugs and Alcohol Foundation, 6 February 2025, p 50.

Spending your life bouncing from one short-term job to another gives you minimal opportunity to forge meaningful relationships with your coworkers, as nobody's ever in one job long enough to really get to know one another. These negative impacts can be especially damaging if a person's constantly-changing employment requires them to be constantly moving homes, preventing them from putting down any roots, and forging any meaningful relationships outside of work. [Additionally, if] you are the lone member at your workplace who has been working there for years, while all the other staff comes and goes, then the question still stands: are you going to invest any effort or emotion trying to build a friendship with this or that coworker, when you know they're just going to be gone in six months?⁶⁴⁸

- 7.58** Consequently, this individual recommended that the NSW Government prioritise opportunities for long term employment and find ways to encourage and strengthen friendships in the workplace.⁶⁴⁹
- 7.59** Additionally, Infinite Potential, an independent think tank that partners with leaders in business, government, and community services, called for further research to better understand the interrelationship between loneliness and work, in order to 'deliver a more sustainable, effective, and efficient response to loneliness and social isolation as a symptom of an unsustainable workplace'.⁶⁵⁰

School based strategies

- 7.60** As further population-wide strategies focused on preventing loneliness, inquiry participants also called educational measures to support children, adolescents and young people learn to navigate social relationships. This may include, for example, implementing policies and programs that:
- build socially inclusive school cultures⁶⁵¹
 - integrate and promote social and emotional learning, including mindfulness, conflict resolution, emotional regulation and esteem building⁶⁵²
 - promote engagement in social activities during key life transition periods with a focus on fostering continuous participation, enhancing social cohesion, and supporting the holistic development⁶⁵³
 - support children and young people to deal with grief, loneliness and bereavement.⁶⁵⁴
- 7.61** Beyond Blue explicitly supported schools-based programs as initiatives that build connection and belonging at a broad scale for immediate and lifelong impact, and spoke to the example of its Be You program targeting schools and other learning settings, which equips educators to support the development of children and young people's social and emotional skills:

⁶⁴⁸ Submission 45, Name suppressed, p 25.

⁶⁴⁹ Submission 45, Name suppressed, p 26.

⁶⁵⁰ Submission 135, Infinite Potential, p 5.

⁶⁵¹ Submission 46, Orygen, p 3. See also, Evidence, Ms Black, 12 December 2024, p 9.

⁶⁵² Evidence, Mr Jennings, 15 November 2024, p 32; Submission 9, Ms Julia Hern, p 10.

⁶⁵³ Submission 85, Top Blokes Foundation, p 4.

⁶⁵⁴ Submission 43, Grief Australia, p 6.

Beyond Blue's Be You program, delivered in partnership with Early Childhood Australia and headspace, equips educators to promote social and emotional in schools and learning settings. The Be You program can help educators to understand how to support social development early in life, to enable students to develop social and emotional learning skills, including social development strategies. Supporting students with social and emotional learning skills in schools is one of the most effective ways of creating intergenerational change and cultivating what the US Office of the Surgeon General refers to as a 'Culture of Connection'.⁶⁵⁵

- 7.62** In the same vein, Orygen recommended that the NSW Government 'build socially inclusive school cultures' that support positive peer relationships, reduce bullying and marginalisation, and encourage help-seeking behaviour. As part of this recommendation, Orygen advocated for 'Support [for] school leaders to collaborate with students to develop and test social inclusion structures that promote diversity, empathy, and provide evidence-based advice to those needing additional support for loneliness'.⁶⁵⁶
- 7.63** As part of supporting young people during key transition periods, Mr Sky Mabry Camarce called for better services and supports to be provided to young people after completing their Higher School Certificate (HSC).⁶⁵⁷ More specifically Mr Camarce recommended that the NSW Government implement 'structured, elective post-HSC transition programs' in collaboration with key community stakeholders, include TAFEs and community organisations.⁶⁵⁸

Developing a curated directory

- 7.64** As a further population level strategy A number of inquiry participants called for a streamlined process by way of a directory or online portal to support individuals experiencing loneliness as well as frontline workers to identify suitable programs and supports.
- 7.65** For example, Mrs Rebecca Sedgman, Policy Adviser with the Australian College of Nurse Practitioners, explained to the committee that whilst screening for loneliness is easily performed by nurse practitioners, the challenge lies in accessing resources and referral pathways after screening. Mrs Sedgman emphasised the need for information resources that make it easier for nurse practitioners to connect individuals experiencing loneliness to appropriate services.⁶⁵⁹
- 7.66** In reflecting upon her interactions with different Public Health Networks (PHNs), Ms Kirschner informed the committee that some PHNs have developed their own directories or online portals to showcase local services and supports, to assist pharmacists and other healthcare professionals to identify and share suitable services with their patients. In doing so, Ms Kirschner flagged the challenges associated with maintaining and updating these directories:

I have engaged with multiple PHNs who have social prescribing initiatives. Some of them have funding, and some of them don't, for online navigation portals, directories.

⁶⁵⁵ Submission 114, Beyond Blue, p 4.

⁶⁵⁶ Submission 46, Orygen, p 3.

⁶⁵⁷ Submission 20, Mr Sky Mabry Camarce, pp 5-4.

⁶⁵⁸ Submission 20, Mr Sky Mabry Camarce, p 5.

⁶⁵⁹ Evidence, Mrs Rebecca Sedgman, Policy Adviser, Australian College of Nurse Practitioners, 6 February 2025, p 26.

But it does take work to keep them up to date, to make sure that the places that are recommended are suitable, safe, inclusive et cetera. ... if the organisations aren't funded for sustainable service offerings, there's a challenge there..⁶⁶⁰

- 7.67** Ending Loneliness Together told the committee about its curated directory that can be used by individuals to search for groups, organisations and services as a means of helping them connect with others and build meaningful relationships.⁶⁶¹ The peak body proposed that the NSW Government augment this directory to ensure all 'services that address loneliness and social isolation are available on the directory'.⁶⁶²

Committee comment

- 7.68** It is clear from the evidence before the committee that population level strategies that focus on preventing persistent loneliness have a powerful role to play in addressing this complex social issue. As demonstrated in the evidence, we recognise that a significant barrier for people experiencing persistent loneliness relates to the act 'reaching out' for support, so action must be taken to ensure that people who are lonely are expected to shoulder the burden of reaching out.
- 7.69** Thus, we believe that it is crucial to the success of a government-led strategy to address loneliness that, in addition to developing, promoting and facilitating services and supports for at risk individuals and communities, there should also be a focus on empowering community members with the knowledge, skills and confidence to reach in and support individuals who may be struggling with or at risk of loneliness. This can be achieved by enhancing awareness across the broader community about the prevalence and impacts of loneliness, upskilling community members so that they are able to identify individuals who may be experiencing it, normalising conversations about loneliness and encouraging individuals to seek out meaningful connections. The committee believes that empowering individuals to reach in will have a significant and positive impact on mitigating rates of persistent loneliness across New South Wales.
- 7.70** The provision of various individual and community level strategies to address loneliness, no matter how effective, need to be accompanied by strategies to build awareness of supports and willingness to access them. For this reason, the committee recognises that it is necessary that these strategies to be accompanied by an awareness raising campaign that is targeted, authentic, informative, evidence-based, accessible and includes clear and consistent messaging. The committee therefore recommends that the NSW Government develop a community awareness campaign to destigmatise loneliness, normalise conversations about loneliness, enhance community participation, and support and encourage individuals to seek out meaningful connections, not only by reaching out, but also by reaching in.

⁶⁶⁰ Evidence, Ms Kirschner, 6 February 2025, p 26.

⁶⁶¹ Submission 55, Ending Loneliness Together, p 11; Ending Loneliness Directory, Ending Loneliness Together, <https://endingloneliness.com.au/search/>.

⁶⁶² Submission 55, Ending Loneliness Together, p 11; Ending Loneliness Directory, Ending Loneliness Together, <https://endingloneliness.com.au/search/>.

Recommendation 16

That the NSW Government develop a community awareness campaign to destigmatise loneliness, normalise conversations about loneliness, enhance community participation, and support and encourage individuals to seek out meaningful connections, not only by reaching out, but also by reaching in.

- 7.71** We also recognise that the individual and community level initiatives should be accompanied by necessary workforce development to enhance the capacity of healthcare and community professionals to identify people at risk of loneliness and support them to connect with appropriate services and initiatives. We agree with the stakeholders who identified these roles as significant individual and community level resources to be harness in a society-wide approach to addressing loneliness. The committee applauds PALS for the initiatives they have shown in this space to strengthen the capacity of this widespread resource of pharmacists to reach in to those at risk. The committee recommends that the NSW Government develop a workforce development strategy to build the capacity of health and community professionals, to identify people at risk of loneliness and connect them with appropriate supports in consultation with the sector.
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Recommendation 17

That the NSW Government develop a workforce development strategy to build the capacity of health and community professionals, to identify people at risk of loneliness and connect them with appropriate supports in consultation with the sector.

- 7.72** The committee considers that a community awareness campaign and workforce development strategy must also be complemented by a comprehensive directory of existing services and supports. Such a resource will support individuals experiencing loneliness, as well as frontline workers and community members, to identify existing services and supports. We recommend that the NSW Government consider opportunities to consolidate an online directory that captures existing services. A potential option for government is to consider is to augment Ending Loneliness Together's existing online directory. Alternatively, the government may wish to invest in the development of a directory created by Public Health Networks.
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Recommendation 18

That the NSW Government consider opportunities to consolidate an online directory identifying all existing services that address loneliness and social isolation.

- 7.73** It is clear to the committee that there is immense value in implementing strategies to target and address loneliness within school and workplace settings. While families are the site where we all learn about interpersonal skills and mental health, schools and other educational settings are well understood as have an important role to play in this space by further supporting children and young people to develop their social and emotional skills as well as their skills to form and maintain meaningful connections, especially during key transition periods. Furthermore, recognising that many individuals spend a significant proportion of time at work, it makes sense
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that impactful strategies to address loneliness may be implemented in this setting, such as the provision of training and support for managers to ensure they are able to identify and respond to loneliness while also proactively considering strategies to foster a culture of belonging and connection in the workplace. We will reconsider this more explicitly in chapter 8, as part of our recommendation for a coordinated whole of government strategy to address loneliness.

Chapter 8 Role of Government and building the evidence base

In chapter 4 the committee recommended that the NSW Government embrace a comprehensive, whole of society framework in which loneliness is addressed on the individual, community and population levels. Within that framework, the full range of sectors and actors would all play their part – including state and local government, the health, community and private sectors, community organisations, health and community practitioners, local communities, researchers and individuals.

This chapter focuses on the role of the NSW Government in leading this framework and coordinating a whole of government approach to addressing loneliness. It also examines the evidence based approach that must guide and inform the ambitious model envisaged by inquiry participants as well as the committee.

A whole of government approach

- 8.1** Within the 'whole of society' cross-sector framework that many inquiry participants called for, multiple stakeholders advocated for a whole of government approach to address loneliness, in which the various state level departments and agencies are brought together with a common goal. In doing so, they recognised that such an approach is essential to the success of renewed efforts to address this complex social problem.
- 8.2** For example, the Mental Health Commission of NSW called for a 'whole of government approach to tackle the multifaceted nature of loneliness, involving collaboration across housing, education, employment, urban planning, and welfare sectors to ensure efforts are high-quality, effective, and sustainable'.⁶⁶³ Ms Deborah Howe, Mental Health Commissioner reiterated this position, underscoring that the Commission itself has a role to play as part of this whole of government response.⁶⁶⁴
- 8.3** Similarly, Dr Marlee Bower, Senior Research Fellow with The Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney advised the committee that such an approach has been adopted by other jurisdictions:
- New South Wales should ... implement a cross-developed departmental whole-of-government approach, like other jurisdictions in the UK and Denmark more recently, that integrates social connection into policies on housing, work, urban planning and health to create environments that foster social interaction.⁶⁶⁵
- 8.4** Dr Bower made the case that the NSW Government 'has a unique opportunity to lead the way in tackling social disconnection by embedding social connection into statewide policies and programs, and investing in preventative strategies, data and research'.⁶⁶⁶ This was echoed by Ms

⁶⁶³ Submission 69, Mental Health Commission of NSW, p 16.

⁶⁶⁴ Evidence, Ms Deborah Howe, Commissioner, Mental Health Commission of NSW, 12 December 2024, p 10.

⁶⁶⁵ Evidence, Dr Marlee Bower, Senior Research Fellow, The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney, 6 February 2025, p 45.

⁶⁶⁶ Evidence, Dr Bower, 6 February 2025, p 45.

Chloe Bernard, Senior Policy Officer, Alcohol and Drug Foundation, who told the committee that 'addressing loneliness requires a coordinated approach across social policies, including housing, employment, health and justice'. Further to this, she advised that embedding loneliness prevention strategies into the broader policy framework will enable the creation of 'stronger, more connected communities and reduce the social and health impacts of isolation'.⁶⁶⁷

- 8.5** In a similar vein Beyond Blue, called on the NSW Government to 'adopt a whole of government approach to addressing loneliness. Enhancing the collective sense of belonging requires an integrative approach that accounts for the shifting temporal, social, cultural and environmental contexts an individual experiences'.⁶⁶⁸
- 8.6** Additionally, Relationships Australia NSW recommended that a large scale strategy to build social connections 'should occur across policy areas, including healthcare, social supports, public space design, technology, and transport'.⁶⁶⁹
- 8.7** Ending Loneliness Together called for the 'NSW Government to adopt a 5–10-year, statewide strategy for addressing social isolation and loneliness'.⁶⁷⁰ Their proposed strategy included an expectation that the government seeks commitments from individual government agencies and departments to incorporate strategies for reducing social isolation.⁶⁷¹ The other components of its strategy are set out later in this chapter.
- 8.8** Other stakeholders who underscored the need for a whole of government approach included Australians for Mental Health, the Business Council of Australia, NSW Carers Advisory Council, and the Local Community Services Association.⁶⁷²
- 8.9** Both the Australian Capital Territory (ACT) and Queensland loneliness inquiry reports recommended the development and implementation of a whole of government strategy to address loneliness.⁶⁷³
- 8.10** Within the context of adopting a whole of government approach, inquiry participants strongly emphasised the need to ensure that in formulating an enhanced response to loneliness, the government should explicitly adopt an evidence based approach, examined later in this chapter.

⁶⁶⁷ Evidence, Ms Chloe Bernard, Senior Policy Officer, Alcohol and Drug Foundation, 6 February 2025, pp 45-46.

⁶⁶⁸ Submission 114, Beyond Blue, p 4.

⁶⁶⁹ Submission 72, Relationships Australia NSW, p 3.

⁶⁷⁰ Submission 55, Ending Loneliness Together, p 9.

⁶⁷¹ Submission 55, Ending Loneliness Together, p 10.

⁶⁷² Submission 127, Australians for Mental Health, pp 13-15; Submission 129, Business Council of Australia, pp 19-20 Evidence, Dr Melanie Bournell, Chair, NSW Carers Advisory Council, 12 December 2024, p 59; Evidence, Mr Can Yasmut, Executive Officer, Local Community Services Association, 6 February 2025, p 30.

⁶⁷³ Standing Committee on Education and Community Inclusion, Legislative Assembly for the Australian Capital Territory, *Inquiry into Loneliness and Social Isolation in the ACT*, August 2024, rec 4; Community Support and Services Committee, Queensland Legislative Assembly, *Inquiry into social isolation and loneliness in Queensland*, December 2021, rec 14.

Key components

- 8.11** A number of stakeholders set out the various elements that they saw as essential to a statewide – or whole of government – approach to addressing loneliness and enhancing social connections. Some of these components are examined in turn in chapters 5, 6 and 7, regarding individual level, community level and population level strategies. Others speak to the role that the stakeholders envisage for government in coordinating the strategies. Many embodied a commitment to an evidence-based approach.
- 8.12** Ending Loneliness Together's 5–10 year, statewide strategy for addressing social isolation and loneliness, noted above, comprised the following components:
- establishes a state-level target for reducing loneliness and social isolation in New South Wales
 - seeks commitments from individual government agencies and departments to incorporate strategies for reducing social isolation (noted above)
 - shepherds efforts from across sectors toward the most effective interventions with the strongest evidence base (informed by national level frameworks and evaluation), and communities who are most affected in New South Wales
 - identifies mechanisms for supporting place-based, local approaches, including support for local governments to engage participants in co-design of appropriate services
 - establishes state-level governance and accountability mechanisms for driving progress against these targets and commitments from all sectors.⁶⁷⁴
- 8.13** The Business Council of Australia (BCA)'s strategy 'to ensure social connection is at the centre of all policy decisions and avoid duplication' included the following key features:
- creating a set of standardised measure for loneliness and social isolation and associated definitions for relevant terms with stakeholders, with baseline information requires to understand the effectiveness of measures
 - investing in public awareness campaigns including education to reduce stigma and the development of national guidelines for social connection
 - redesigning, investing and expanding urban infrastructure and community initiatives, including programs and policies which bring people together
 - investing in ongoing research and evaluation into loneliness to build the evidence base, demonstrate cost benefit and effective interventions to scale appropriately
 - appointing the Department of Communities and Justice to be the lead coordinator for the governments approach to addressing loneliness
 - developing a wellbeing framework and an accompanying report to be published annually.⁶⁷⁵

⁶⁷⁴ Submission 55, Ending Loneliness Together, p 10.

⁶⁷⁵ Submission 129, Business Council of Australia, pp 19-20.

8.14 Similarly, the Groundswell Foundation's vision for 'an enduring oversight body to foster cross-sector collaboration and drive meaningful, long-term change to reduce loneliness in NSW' encompasses five specific policy recommendations and in doing so set out a clear role for government in supporting business led initiatives:

1. **Embed accountability** via clear, measurable objectives with departmental support to coordinate support and evaluate interventions
2. **Leverage ongoing NSW government investment** in place-based initiatives on housing, community assets, public spaces and nature to design out loneliness
3. **Support business-led initiatives** currently explored with supermarkets, pharmacists, other employers, and other spaces at the front-line of the loneliness epidemic.
4. **Optimise new and existing inventions** to ultimately create a collaborative ecosystem that is simultaneously experimental, and evidence-based.
5. **Destigmatise loneliness through an awareness campaign** to encourage meaningful conversations and support community connections.⁶⁷⁶

8.15 The Queensland Parliament's inquiry report recommended specific actions to comprise their whole of government approach including:

- identifying the social determinants and preventative factors associated with loneliness and social isolation
- sharing examples of successful strategies to guide best practice
- encouraging communities to access, publish and utilise resources such as a My Community Directory, to provide information about local supports
- identifying opportunities to improve digital access and inclusion
- exploring the role of infrastructure that supports strong social outcomes, including neighbourhood centres
- investigating and analysing research related to the effectiveness of social prescribing
- further investing the social-cultural factors contributing to loneliness and social isolation in remote First Nations communities.⁶⁷⁷

A minister for loneliness?

8.16 In addition to a state-wide strategy, some inquiry participants called for the creation of a Minister for Loneliness, similar to the positions established in the United Kingdom and Japan. In doing so, inquiry participants suggested that creating a ministerial portfolio for loneliness would

⁶⁷⁶ Submission 71, Groundswell Foundation, p 4.

⁶⁷⁷ Community Support and Services Committee, Queensland Legislative Assembly, *Inquiry into social isolation and loneliness in Queensland*, December 2021, rec 14.

elevate it as a priority for government, allocating specific responsibility and accountability for addressing this issue.⁶⁷⁸

8.17 Ending Loneliness Together noted in their submission that establishing a ministerial portfolio for social connection may 'help to coordinate delivery of the state-level strategy, provide a platform for federal lobbying and raise public awareness'.⁶⁷⁹

8.18 The creation of a ministerial portfolio was recommended in the ACT loneliness inquiry reports as a way to:

- address the challenges presented by the complexity and cross-directorate nature of loneliness and social isolation
- signal to the ACT community that loneliness and social isolation are significant issues that need to be addressed.⁶⁸⁰

8.19 On the other hand, some inquiry participants did not support this proposal. For example, the Australians for Mental Health recommended against a Minister for Loneliness on the basis that it is 'unnecessary, and possibly counterproductive'.⁶⁸¹ Mr Chris Gambian, Executive Director, Australians for Mental Health, further argued that every minister has a role to play, with efforts coordinated by a central agency:

We are very concerned that specifying a Minister, who may or may not end up with a department or any kind of enabling bureaucracy around them, might direct responsibility really at that one person rather than recognising the opportunity every Minister has to deal with this issue. [...] we say that [loneliness] is the type of issue that every single Minister has a role to play in trying to address, and that if coordination happens it should happen out of a central agency, whether that is the Premier or the Treasurer or the [F]inance.⁶⁸²

An evidence-based approach

8.20 Stakeholders saw an evidenced-based approach as fundamental to an ambitious and effective framework for addressing loneliness to ensure that it is informed by robust evidence.

8.21 The Groundswell Foundation's *Connections Matter* literature review conducted by KPMG identified as a critical action the need to 'Build the evidence base for loneliness through

⁶⁷⁸ See for example: Submission 13, St Vincent's Clinic Open Support, p 5; Submission 55, Ending Loneliness Together, p 10; Submission 38, The Construction Industry Drugs and Alcohol Foundation, p 27; Submission 3, Mr Grant Mistler, p 2. See also: Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 23.

⁶⁷⁹ Submission 55, Ending Loneliness Together, p 10.

⁶⁸⁰ Standing Committee on Education and Community Inclusion, Legislative Assembly for the Australian Capital Territory, *Inquiry into Loneliness and Social Isolation in the ACT*, August 2024, p 14.

⁶⁸¹ Submission 127, Australians for Mental Health, p 14.

⁶⁸² Evidence, Mr Chris Gambian, Executive Director, Australians for Mental Health, 15 November 2024, p 17.

dedicated data collection, research and evaluation'.⁶⁸³ The Foundation also called for such an evidence-based approach to be embedded into a comprehensive strategy via clear accountability, measurable objectives and evaluation of interventions.⁶⁸⁴

8.22 Similarly, one element of its recommendation for a comprehensive approach to addressing loneliness, the Business Council of Australia (BCA) recommended that the NSW Government 'invest in ongoing research and evaluation into loneliness to build the evidence base, demonstrate cost benefit and effective interventions to scale appropriately'.⁶⁸⁵

8.23 Ending Loneliness Together was a major proponent for an evidence-based approach being the foundation for addressing loneliness in new South Wales and across Australia. In doing so, they underscored the significance of investing in localised, Australian-based research to better understand the problem and therefore respond to it more effectively:

We need to extend the current Australian evidence base to understand Australian-specific factors underpinning loneliness in our community. Significant gaps in the evidence base need specific attention, including work on vulnerable groups.

We need to build a dynamic national database specific to loneliness and its correlates and risk factors. In doing so, we can rapidly translate accurate data to improve current practices and policies.⁶⁸⁶

8.24 Consistent with this, Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together, and Associate Professor, Prevention Research Collaboration, University of Sydney called for explicit thought to be given during the inquiry, and in future government policy, to the strength of evidence for particular interventions. In doing so, she posed a number of questions:

Have they been evaluated, or do they simply show associations? Are these interventions actually measuring loneliness, or do they simply track social isolation? ... Do they make a meaningful difference to loneliness? Do they measure loneliness as the primary outcome?⁶⁸⁷

8.25 Other inquiry participants who advocated for an evidence-based approach included:

- the Mental Health Commission of NSW – whose submission documented many specific evidence-based initiatives to mitigate loneliness and social isolation⁶⁸⁸

⁶⁸³ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 23. See also Submission 125, NSW Government, p 15.

⁶⁸⁴ Submission 71, Groundswell Foundation, p 4.

⁶⁸⁵ Submission 129, Business Council of Australia, p 20.

⁶⁸⁶ Ending Loneliness Together, *Ending Loneliness Together in Australia*, White Paper, (November 2020), p 8, https://endingloneliness.com.au/wp-content/uploads/2020/11/Ending-Loneliness-Together-in-Australia_Nov20.pdf.

⁶⁸⁷ Evidence, Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together, and Associate Professor, Prevention Research Collaboration, University of Sydney, 15 November 2024, p 2.

⁶⁸⁸ Submission 69, Mental Health Commission of New South Wales, pp 15-17.

- the Mental Health Coordinating Council – which documented research suggesting that policymakers can 'strengthen their strategies by incorporating rigorous, evidence-based intervention evaluations and fostering international collaborations for knowledge sharing'⁶⁸⁹
- Relationships Australia NSW – who called for rigorous evaluations of interventions, along with the fostering of international collaborations for knowledge sharing, to ensure interventions are well-targeted, effective and scalable⁶⁹⁰
- the City of Sydney – who noted the still limited evidence regarding the types of strategies that are effective in reducing loneliness and called for clear definitions of both loneliness and social isolation, with published data regarding risks, impacts and evidence-based interventions for both.⁶⁹¹

8.26 In calling for an evidence-based approach, inquiry participants shared various datasets and research reports with the committee, many of which highlighted the prevalence of loneliness in New South Wales and Australia more broadly. Stakeholders consistently referred to the HILDA dataset as being an extremely valuable source of national level information. Nonetheless, they also flagged several limitations within the existing evidence base, which are summarised below.

- underreporting caused by bias and stigma – commonly identified as an issue within datasets that rely on self-reporting and single item measures⁶⁹²
- the lack of standardised measures – making it difficult to quantify loneliness and evaluate the effectiveness of interventions⁶⁹³
- a lack of longitudinal data – creating challenges to observe trends over periods of time⁶⁹⁴
- a lack of targeted data and research – for example, in relation to First Nations people,⁶⁹⁵ culturally and linguistically diverse people,⁶⁹⁶ Autistic people,⁶⁹⁷ the intersectional experiences of older people particularly those in hard to reach communities,⁶⁹⁸ and siblings of people with disability and chronic health conditions⁶⁹⁹
- a lack of robust evaluation of interventions.⁷⁰⁰

⁶⁸⁹ Submission 112, Mental Health Coordinating Council, p 17.

⁶⁹⁰ Submission 72, Relationships Australia NSW, p 3.

⁶⁹¹ Submission 120, City of Sydney, p 6.

⁶⁹² See for example: Submission 125, NSW Government, p 15; Evidence, Dr Murray Wright, PSM, Chief Psychiatrist, NSW Health, 12 December 2024, p 2; Submission 75, The Matilda Centre, p 3.

⁶⁹³ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 22.

⁶⁹⁴ Submission 125, NSW Government, p 15.

⁶⁹⁵ Groundswell Foundation and KPMG, *Connections Matter: A report on the impacts of loneliness in Australia*, November 2022, p 13.

⁶⁹⁶ Submission 36, SSI, p 5.

⁶⁹⁷ Submission 4, Autism Spectrum Australia, pp 1-2.

⁶⁹⁸ Submission 87a, Council on the Ageing (COTA) NSW, p 2

⁶⁹⁹ Submission 33, Siblings Australia, p 3.

⁷⁰⁰ Submission 71, Groundswell Foundation, p 9.

- 8.27** In response to these limitations, inquiry participants underscored the need for improved data collection, targeted research, and an active commitment to evaluation of interventions.⁷⁰¹ This is consistent with many of the components identified above comprising the whole of government strategy recommended by various stakeholders.
- 8.28** The NSW Government also recognised the need to improve the evidence base in New South Wales and Australia more broadly, and identified the following opportunities:
- screening for loneliness in the general community
 - improved design for data collection to understand experiences of people in specific sub-groups that considers intersectionality [...]
 - establishing standards for data collection, management and sharing to enable comparison
 - routine measurement of loneliness and social isolation in mental health services using existing tools (e.g. Life Skills Profile LSP-16 and Recovery Assessment Scale)
 - research to quantify the impact of loneliness and social isolation on health and other social care usage and related costs, and
 - investigating the potential for linked human services data to enable new insights into loneliness and its impacts.⁷⁰²

Committee comment

- 8.29** In chapter 4, in light of the wealth of evidence gathered throughout this inquiry, the committee recommended that the NSW Government embrace a comprehensive, whole of society framework, in which loneliness is addressed on an individual, community and population level. Recognising the complexity and prevalence of this profoundly human social problem, we are convinced that an ambitious approach is essential.
- 8.30** We also recognised that the key to addressing loneliness in New South Wales is to build meaningful connections, fostering a sense of belonging and purpose. We saw that the framework should be founded on compassion, with the goal of cultivating across society the values of kindness, respect, service and commitment to others.

⁷⁰¹ See for example: Lived Experience Australia, *Understanding loneliness and mental health*, 2022, p 7; Submission 15, Country Women's Association of NSW, p 7; Submission 7, KPMG, p 2; Submission 3, Autism Spectrum, Australia, p 4; Submission 131, Macquarie University Lifespan Health and Wellbeing Research Centre, p 6; Submission 69, Mental Health Commission of NSW, p 6; Evidence, Dr Boursnell, 12 December 2024, p 61; Evidence, Professor Lim, 15 November 2024, pp 4 and 7; Evidence, Ms Elizabeth Clark, Partner, Policy, Economics and Public Impact, KPMG Australia, 15 November 2024, p 19.

⁷⁰² Submission 125, NSW Government, p 15.

- 8.31** Within this framework, the full range of actors must all play their part in addressing loneliness, including state and local government, health and community professionals, community organisations, businesses, local communities, researchers and individuals.
- 8.32** Turning now to the role that the state government should play, the committee considers that the NSW Government must adopt a whole of government approach across all departments and agencies including health, community services, housing, education, urban planning, regional development, public sector employment, local government coordination and transport. The committee recognises that the government needs to articulate a vision for meaningful social connections as a key policy priority, then to act with leadership by coordinating and supporting implementation with clear standards and guidance.
- 8.33** Taking into the consideration recommendations included in this report and key elements identified in this chapter, the committee recommends that NSW Government develop a five year state strategy that seeks to:
- **establish loneliness and meaningful social connection as a policy priority**, by positioning loneliness, specifically persistent loneliness, as a critical social policy issue that warrants immediate attention and resources
 - **secure cross sector commitment**, by establishing a robust data framework engaging with both government and non government agencies and organisations to cultivate a shared responsibility and ongoing commitment to tackling loneliness
 - **strengthen the evidence base**, by establishing a robust data framework and designing and implementing evaluation processes to measure the effectiveness of interventions that seek to alleviate loneliness and inform future initiatives
 - **raise community awareness**, by launching meaningful and targeted campaigns to destigmatise loneliness, share information about existing resources, strengthen interpersonal microskills, and encourage people to take action when experiencing loneliness or observing it in others
 - **enhance workforce capacity**, by providing frontline workers with the tools, knowledge and resources to appropriately recognise and respond to loneliness
 - **empower community-led initiatives**, by promoting and investing in neighbourhood community centres and other community-led and grassroots initiatives that promote community engagement and participation
 - **build connected communities**, by creating environments that provide opportunities for individuals to form and maintain social connections, recognising the significance of third spaces and green spaces
 - **improve critical infrastructure**, by investing in and ensuring access to essential infrastructure, including public transport and digital connectivity, to facilitate opportunities for social engagement and interaction
 - **establish state level targets**, by implementing clear, measurable targets to reduce rates of persistent loneliness in New South Wales accompanied by a robust governance and accountability framework to track progress.

- 8.34** As this framework requires extensive cross-sector collaboration, the committee recommends that it be led by the Premier's Department. By implementing a whole of government, multifaceted, evidence-based strategy to address loneliness, the NSW Government will demonstrate a commitment to fostering a compassionate, connected and resilient New South Wales.

Recommendation 19

That the NSW Government implement a five year whole of government strategy to address loneliness and build meaningful connections, led by the Premier's Department, that seeks to:

- elevate loneliness and meaningful social connections as a policy priority across all departments and agencies
 - secure commitment to action across the public, not for profit and private sectors
 - strengthen the evidence base
 - deepen the community's awareness to destigmatise loneliness, strengthen interpersonal microskills, and encourage people to give and seek support
 - enhance workforce capacity to identify and respond to loneliness
 - empower community-led initiatives
 - build connected communities
 - improve critical infrastructure, including transport and digital infrastructure
 - establish state-level targets alongside a governance and accountability framework.
-

- 8.35** The committee notes recommendations calling for the creation of a new ministerial portfolio. However, the committee agrees with the observations made that it is essential to ensure all ministers play a role in addressing loneliness and that they each be held accountable for identifying and implementing suitable strategies relevant to their respective portfolios. For this reason, the committee does not recommend the creation of a ministerial portfolio for loneliness.

- 8.36** In the committee's view it will be crucial to the success of this framework that it be informed by a robust evidence base. While existing databases, particularly the national HILDA Survey, offer valuable insights into the prevalence of loneliness in New South Wales, we agree that further efforts are needed to enhance our understanding of the experiences of loneliness amongst at risk populations. In addition, there is a need for ongoing evaluations to ensure the most effective strategies are prioritised and that measures that demonstrate effectiveness are scaled up. The committee therefore recommends that the NSW Government, in collaboration with key organisations and researchers, commit to improving the evidence base for loneliness in New South Wales including by:

- implementing a standardised data measures to effectively assess the prevalence of loneliness across the state
- supporting robust research to uncover the causes and impacts of loneliness, paying particular attention to at risk populations
- implementing rigorous evaluations of interventions to ensure effectiveness.

Recommendation 20

That as a key component of its five year whole of government strategy to address loneliness in New South Wales, the NSW Government, in collaboration with key organisations and researchers, commit to improving the evidence base by:

- establishing a robust data framework with standardised data measures
 - supporting robust research to better understand the causes and impacts of loneliness, paying particular attention to at risk cohorts
 - implementing rigorous evaluation of interventions to ensure effectiveness.
-

Appendix 1 Submissions

No.	Author
1	Name suppressed
2	Laterz Social
3	Mr Grant Mistler
4	Autism Spectrum Australia
5	Name suppressed
6	The Rural Woman Cooperative
7	KPMG
8	Gig Buddies
9	Ms Julia Hern
10	Lived Experience Australia Ltd (LEA)
11	Little Big Foundation
12	Wardell CORE Inc
13	St Vincent's Clinic Open Support
14	Heart On My Sleeve Movement Ltd
15	Country Women's Association of NSW
16	Ms Sandy Loyall
17	VIEW Clubs of Australia
18	Name suppressed
19	Java Group Programs Inc.
20	Mr Sky Mabry Camarce
21	Injured Workers Campaign Network
22	Australian College of Nurse Practitioners (ACNP)
23	NSW Carers Advisory Council
24	Mrs Kelly Saidey
25	Olga Tennison Autism Research Centre
26	Mr Paul Sekfy
27	UNSW Ageing Futures Institute
28	Mrs Keummi Joo-Short
29	Engadine Community Services
30	Cr Sylvie Ellsmore
31	Tomaree Neighbourhood Centre
32	University of New South Wales, Big Anxiety Research Centre [BARC]

No.	Author
33	Siblings Australia
34	Coffs Harbour Neighbourhood Centre
35	Alcohol and Drug Foundation
36	SSI
37	Mentoring Men
38	The Construction Industry Drug and Alcohol Foundation
39	Dr Rosanne Freak-Poli
40	Lifeline Central West
41	RSL NSW
42	Pharmacy Addressing Loneliness and Social-isolation (PALS)
43	Grief Australia
44	St John's Cathedral, Brisbane
45	Name suppressed
46	Nimbin Neighbourhood and Information Centre Incorporated
47	Orygen
48	Boambee East Community Centre Inc.
49	Dr Nancy Kong
50	San Remo Neighbourhood Centre Inc.
51	Lake Macquarie City Council
52	NSW Council for Intellectual Disability
53	Parks Community Network
54	Elder Abuse Action Australia
55	Ending Loneliness Together
56	Multicultural Disability Advocacy Association of NSW
57	Older Women's Network NSW
58	Confidential
59	Western PTSD Support
60	Miss Madaline Barry
61	Community Industry Group
62	Humans:Connecting
62a	Humans:Connecting
63	CORE Community Services
64	Open Dialogue Centre
65	Anglicare Sydney
66	Being Mental Health Consumers

No.	Author
67	Dementia Australia VIC
68	Australian Men's Shed Association
69	Mental Health Commission of New South Wales
70	Confidential
71	Groundswell Foundation
72	Relationships Australia NSW
73	Lifeline Australia
74	Playgroup NSW
75	The Matilda Centre
76	RALLY4EVER
77	ACON
78	Multicultural Communities Council NSW
79	NSW Ministerial Advisory Council on Ageing
80	Tweed Shire Council
81	The Friendship Project Pty Ltd
82	Bankwest Curtin Economics Centre
83	Australian Institute of Family Studies
84	Legal Aid NSW
85	Top Blokes Foundation
86	Families of Veterans Guild
87	Council on the Ageing (COTA) NSW
87a	Council on the Ageing (COTA) NSW
88	Population Wellbeing and Environment Research Lab (PowerLab)
89	Local Community Services Association (LCSA)
90	Inner Sydney Voice
91	Suicide Prevention Australia
92	NSW Council of Social Service (NCOSS)
93	Network of Alcohol and other Drugs Agencies (NADA)
94	Rona Aparicio, Rohan Baker-Wade, Maggie Messenger, Miriam Poyitt, Siyuan Shen and Xinyi Shen
95	GROW Australia
96	Cat Protection Society of NSW
97	The Presbyterian Church of Australia in NSW
98	Uniting NSW.ACT
99	Name suppressed

No.	Author
100	UTS Centre for Social Justice
101	The Sax Institute
102	The Centre for Volunteering
103	Australian Association of Psychologists Inc
104	The Salvation Army
105	Blacktown Area Community Centres Inc
106	Parenting Research Centre
107	Bathurst Neighbourhood Centre
108	Pharmaceutical Society of Australia
109	Dr Marjorie O'Neill MP
110	Fams
111	Mental Health Carers NSW Inc
112	Mental Health Coordinating Council (MHCC)
113	Drummoyne Community Centre Inc
114	Beyond Blue
115	Pottsville Beach Neighbourhood Centre
116	Australian Social Prescribing Institute of Research & Education
117	Ms Sylvana Mahmic
118	Mental Health Carers NSW Psychosocial Disability Systemic Advocacy
119	Dr Sophie Lewis
120	City of Sydney
121	Youth Action
122	Australian Psychological Society (APS)
123	SPOKE International
124	St Vincent de Paul Society NSW
125	NSW Government
126	South Asian Research and Advocacy Hub (SARAH)
127	Australians for Mental Health
128	NSW Ageing and Disability Commission
129	Business Council of Australia
130	Think and do Tank Foundation
131	Macquarie University Lifespan Health and Wellbeing Research Centre
132	Sydney Community Collaborative
133	Office of the Advocate for Children and Young People
134	Carers NSW

No.	Author
134a	Carers NSW
135	Infinite Potential
136	Anthony Matthew Rooney
137	Mrs Amanda Sluiter and Dr Karine Manera
138	Name suppressed
139	Name suppressed
140	Combined Pensioners & Superannuants Association
141	Foundation for Social Health
142	Professor Roger Patulny
143	Australian Autism Alliance
144	batyr's National Youth Advisory Group
145	Womn-Kind
146	Dr Suraj Samtani, Professor Perminder Sachdev AM & Professor Henry Brodaty AO

Appendix 2 Witnesses at hearing

Date	Name	Position and Organisation
Friday, 15 November 2024 Macquarie Room Parliament House, Sydney	Professor Michelle Lim	CEO, Ending Loneliness Together & Associate Professor, Prevention Research Collaboration, University of Sydney
	Mr Chris Gambian	Executive Director, Australians for Mental Health
	Ms Rebekah Henrickson (via videoconference)	Director of Government Relations, Suicide Prevention Australia
	Ms Stephanie Trainor (via videoconference)	Policy Advisor, Suicide Prevention Australia
	Ms Carly Dober (via videoconference)	Policy Coordinator & Psychologist, Australian Association of Psychologists
	Mrs Amanda Curran (via videoconference)	Chief Services Officer & Psychologist, Australian Association of Psychologists
	Mrs Johanna Pitman	Chair, Research SubCommittee, Groundswell Foundation
	Mr Martin Blake	Chairman, Groundswell Foundation
	Ms Elizabeth Clark	Partner, Policy, Economics & Public Impact, KPMG Australia
	Mr Greg Jennings (via videoconference)	Chief Engagement Officer, Beyond Blue
	Ms Elisabeth Shaw	CEO, Relationships Australia NSW
	Dr Stephanie Hodson	CEO, Relationships Australia Canberra and Region
	Mr Chris Twomey (via videoconference)	Senior Industry Fellow, Bankwest Curtin Economics Centre
	Dr Lili Loan Vu (via videoconference)	Research Fellow, Bankwest Curtin Economics Centre
	Dr Nancy Kong	Senior Lecturer, Centre for Health Economics Research and Evaluation (CHERE), University of Technology Sydney

Date	Name	Position and Organisation
	Professor Viviana Wuthrich	Director, Lifespan Health & Wellbeing Research Centre, Macquarie University
	Dr Rosanne Freak-Poli (<i>via videoconference</i>)	Senior Fellow, Monash University
	Dr Htet Lin Htun (<i>via videoconference</i>)	PhD Candidate, Monash University
	Mr Achamyeleh Teshale (<i>via videoconference</i>)	PhD Candidate, Monash University
Thursday, 12 December 2024	Dr Murray Wright PSM	NSW Chief Psychiatrist, NSW Ministry of Health
Jubilee Room	Mr Anthony Shannon	Director Early Intervention & Inclusion, NSW Department of Communities & Justice
Parliament House, Sydney	Ms Jennifer Black	Commissioner, Mental Health Commission of New South Wales
	Ms Deborah Howe	Acting Director System Reform, Mental Health Commission of New South Wales
	Ms Maryanne Maher	National Manager, VIEW Clubs of Australia, The Smith Family
	Ms Elizabeth Birch (<i>via videoconference</i>)	National President, VIEW Clubs of Australia, The Smith Family
	Ms Danica Leys	Chief Executive Officer, Country Women's Association of NSW
	Mr Andrew Connolly	Policy Manager, Country Women's Association of NSW
	Ms Rebel Black	Chairperson. THE Rural Woman Cooperative
	Mrs Cassandra Gray	Chief Operating Officer, Mentoring Men
	Mr Mark Henderson	Research Consultant, Mentoring Men
	Ms Emma Bredenhann	Manager, Communications, Partnerships & Events, Australian Men's Shed Association
	Dr Cristina Jarron	Research Manager, Top Blokes Foundation
	Mr Daniel Allars	NSW State Manager, Top Blokes Foundation

Date	Name	Position and Organisation
	Ms Zoë Robinson	Advocate for Children and Young People, Office of Advocate of Children and Young People
	Miss Maddison Elwine-Wilson (via videoconference)	Individual, Office of the Advocate of Children and Young People
	Mr Andrew Johnson	Acting CEO, Youth Action
	Ms Penny Lamaro	Chair, Youth Action
	Dr Kate Filia (via videoconference)	Senior Research Fellow, Orygen
	Ms Gohar Yazdabadi	CEO, Council on the Ageing (COTA) NSW
	Ms Joan Hughes	Chair, NSW Ministerial Advisory Council on Ageing
	Ms Emma Maiden	General Manager, Advocacy and External Relations, Uniting NSW.ACT
	Ms Clare Lawrence	Principal Policy Officer, Uniting NSW.ACT
	Dr Tadgh McMahon	Head of Research and Policy, SSI
	Ms Harshitha Peddireddy (via videoconference)	Admin member, South Asian Research and Advocacy Hub (SARAH)
	Mr Ashmith Sivayoganathan (via videoconference)	Admin member, South Asian Research and Advocacy Hub (SARAH)
	Professor Lucy Taksa	Director, Multicultural Communities Council NSW; Professor of Management, Deakin Business School; Deputy Director, Deakin Centre for Refugee Employment, Advocacy, Training and Education (CREATE)
	Dr Marika Franklin	Director, Multicultural Communities Council NSW, Research Fellow and Lecturer, Faculty of Medicine and Health, University of Sydney and Honorary Research Fellow, Deakin Business School, Deakin University

Date	Name	Position and Organisation
	Dr Prasheela Karan	Senior Policy Officer & Team Coordinator, Mental Health Carers NSW
	Dr Richard Baldwin	Senior Policy Officer, Mental Health Carers NSW
	Dr Melanie Bournsell (<i>via videoconference</i>)	Chair, NSW Ministerial Advisory Council for Carers
Thursday, 6 February 2025 Jubilee Room Parliament House, Sydney	Witness A (<i>via videoconference</i>)	
	Witness B (<i>via videoconference</i>)	
	Professor Sharon Lawn	Executive Director, Lived Experience Australia
	Mr John Milham	NSW State Advisory Coordinator, Lived Experience Australia
	Dr Anna Brooks	Chief Research Officer, Lifeline Australia
	Mr Chris Siorokos	Executive Director, Government and Stakeholder Relations, Lifeline Australia
	Mr Paul Dolby	Founder, SPOKE International
	Mr Phil McAuliffe	Founder, Humans:Connecting
	Mr Johnathon Lawless	Investment Manager, Humans:Connecting
	Associate Professor JR Baker	Chair, Australian Social Prescribing Institute of Research and Education
	Ms Jenny Kirschner	Pharmacist and Founder, Pharmacy Addressing Loneliness and Social-isolation
	Ms Lily Pham	NSW Vice President, Pharmaceutical Society of Australia
	Ms Amanda Fairjones	NSW State Manager, Pharmaceutical Society of Australia
	Adjunct Associate Professor Leanne Boase (<i>via videoconference</i>)	CEO, Australian College of Nurse Practitioners
	Mrs Rebecca Sedgman (<i>via videoconference</i>)	Policy Advisor, Australian College of Nurse Practitioners

Date	Name	Position and Organisation
	Mr Can Yasmut	Executive Officer, Local Community Services Association
	Ms Maddy Williams	Policy and Research Manager, Local Community Services Association
	Ms Natalie Meyer	Manager, Nimbin Neighbourhood and Information Centre
	Mr Joel Orchard	Chief Research Officer, Wardell Core Inc.
	Ms Sarah Mathews	CEO, Little Big Foundation
	Ms Holly Reynolds	Board Member, Little Big Foundation
	Professor Xiaoqi Feng	Professor of Urban Health and Environment in the UNSW School of Population Health, and Founding Co-Director of the Population Wellbeing and Environment Research Lab
	Professor Thomas Astell-Burt	Professor of Cities and Planetary Health in the University of Sydney School of Architecture, Design and Planning, and Founding Co-Director of the Population Wellbeing and Environment Research Lab
	Ms Jessica Taylor	FoundoBlue Program Supervisor, The Construction Industry Drugs and Alcohol Foundation
	Mr Alex Kalliris	Program and Clinical Manager, The Construction Industry Drugs and Alcohol Foundation
	Mr Robert Taylor (via videoconference)	Manager, Alcohol and Drug Foundation
	Ms Chloe Bernard (via videoconference)	Senior Policy Officer, Alcohol and Drug Foundation
	Dr Marlee Bower	Senior Research Fellow, The Matilda Centre, University of Sydney
	Scientia Professor Jill Bennett	Director, University of New South Wales, Big Anxiety Research Centre

Date	Name	Position and Organisation
	Dr Gail Kenning	Senior Research Fellow, University of New South Wales, Big Anxiety Research Centre
	Ms Gwenda Darling	Member, Aged Care Council of Elders
Friday, 7 February 2025 Orange Ex-Services' Club Orange, NSW	Ms Jackie Lanigan <i>(public roundtable)</i>	Community Engagement/Migrant Support, Bathurst Neighbourhood Centre
	Ms Fran Stead <i>(public roundtable)</i>	CEO, Cowra Information and Neighbourhood Centre
	Ms Karen Pearson <i>(public roundtable)</i>	Compliance Officer, Cowra Information and Neighbourhood Centre
	Ms Dianne Scott <i>(public roundtable)</i>	Executive Officer, Parkes Neighbourhood Central
	Mrs Mavis Moon <i>(public roundtable)</i>	Community Member, Parkes Neighbourhood Central
	Mrs Lyn Pengilly <i>(public roundtable)</i>	Community Member, Parkes Neighbourhood Central
	Mr Can Yasmut <i>(public roundtable)</i>	Executive Officer, Local Community Services Association
	Ms Stephanie Robinson	CEO, Lifeline Central West
	Ms Zoe Evans	General Manager, NSW, Wellways
	Ms Denise Watmore	Regional Manager, Western NSW, Wellways
	Mr Andrew James Greig LEUT, RAN (Ret.)	Coordinator, Bellum Est (formerly Western PTSD Support)
	Mrs Helen Miller	General Manager – In Home Support Services, Live Better
	Ms Josie Howard	Director Regional Workforce, Policy Reform and Evidence – Department of Primary Industries and Regional Development
	Ms Monica Barone <i>(via videoconference)</i>	Chief Executive Officer, City of Sydney
	Ms Shannon Carruth <i>(via videoconference)</i>	Manager Inclusive and Creative Communities, Tweed Shire Council

Date	Name	Position and Organisation
	Ms Melissa Lindeberg (<i>via videoconference</i>)	Community Development Officer Social Planning, Tweed Shire Council
	Ms Helen James (<i>public roundtable</i>)	Country Women's Association of NSW, Orange Branch
	Ms Glenda Gavin (<i>public roundtable</i>)	Vice President, Central Western Group, Country Women's Association of NSW
	Ms Heather Whigham Reid (<i>public roundtable</i>)	Cooperative Member, The Rural Woman Cooperative
	Ms Anne-Maree Davis (<i>public roundtable</i>)	Vice President / Secretary, Orange Evening VIEW Club
	Ms Michelle Holland (<i>public roundtable</i>)	Assistant Treasurer, Orange Evening VIEW Club
	Ms Beth Gow (<i>public roundtable</i>)	Shed Support NSW/ACT, Australian Men's Shed Association
	Mr Peter Douglas (<i>public roundtable</i>)	Member Borenore Nashdale Community Shed, Australian Men's Shed Association

Appendix 3 Minutes

Draft minutes no. 12

Tuesday 6 August 2024

Standing Committee on Social Issues

Members Lounge, Parliament House, Sydney, 3.09 pm

1. Members present

Dr Kaine, *Chair*

Mrs Mitchell, *Deputy Chair* (from 3.09 pm until 3.28 pm)

Ms Boyd (substituted Dr Cohn for the procurement practices inquiry)

Mr Buckingham

Dr Cohn

Mr D'Adam (until 3.29 pm)

Mr Lawrence (from 3.29 pm, substituted for Mr D'Adam)

Ms Merton

Mr Nanva

Ms Suvaal

Mr Tudehope (substituted Mrs Mitchell for the procurement practices inquiry)

2. Previous minutes

Resolved, on the motion of Mr Tudehope: That draft minutes nos. 10 and 11 be confirmed.

3. Correspondence

The committee noted the following items of correspondence:

Received:

- 5 July 2024 – Correspondence from Professor Jo Barraket AM, Director, Melbourne Social Equity Institute, providing information relating to the procurement practices inquiry
- 10 July 2024 – Correspondence from the Hon Rose Jackson MLC, Minister for Water, Housing, Mental Health, Youth, Homelessness and Minister for the North Coast, to Chair, referring proposed terms of reference for an inquiry into the prevalence, causes and impacts of loneliness in NSW
- 17 July 2024 - Email from Dr Chris Wright, Associate Professor, University of Sydney Business School, to the secretariat providing additional information and answers to questions on notice from the public hearing on 3 July 2024
- 23 July 2024 – Correspondence from the Hon Damien Tudehope MLC, Leader of the Opposition in the Legislative Council to the Chair, requesting an additional hearing for the inquiry into procurement practices of government agencies in NSW and its impact on the social development of the people of NSW
- 23 July 2024 - Email from Mr Ian Hudson, Executive Director, Industry Capability Network, to the secretariat providing answers to supplementary questions from the public hearing on 26 June 2024
- 23 July 2024 - Email from Ms Kylie Flament, Chief Executive Officer, Social Enterprise Council NSW & ACT, to the secretariat providing answers to questions on notice and supplementary questions from the public hearing on 25 June 2024
- 23 July 2024 - Email from Ms Mel Flanagan, Founder and Director, Nook Studios to the secretariat providing additional information, answers to questions on notice and supplementary questions from the public hearing on 25 June 2024
- 23 July 2024 - Email from Ms Sara Hudson on behalf of Mr Yusef Deen, Chief Executive Officer, NSW Aboriginal Land Council to the secretariat providing an answer to a supplementary question from the public hearing on 25 June 2024.

Sent:

- 12 July 2024 – Email from the secretariat to Mr Kwabena Bediako, Chief Procurement Officer, Department of Customer Service, advising that the committee resolved to issue and publish an erratum for the inquiry into the procurement practices of government agencies in New South Wales and its impact on the social development of the people of New South Wales – First report
- 12 July 2024 – Correspondence from the Chair to the Clerk of the Parliaments, advising of and attaching an erratum for the inquiry into the procurement practices of government agencies in New South Wales and its impact on the social development of the people of New South Wales – First report.

4. Consideration of ministerial terms of reference

The Chair tabled the following terms of reference received from the Hon Rose Jackson MLC, Minister for Water, Housing, Mental Health, Youth, Homelessness and Minister for the North Coast on 10 July 2024:

That the Standing Committee on Social Issues inquire into and report on the prevalence, causes and impacts of loneliness in NSW, and in particular:

- (a) the extent of loneliness and social isolation in NSW and how this is measured and recorded, including opportunities for additional and/or improved data capture
- (b) the identification of populations most at risk of loneliness and social isolation
- (c) evidence of the psychological and physiological impacts of loneliness on people, including young people, the elderly, those living with a disability, those living in regional areas and the bereaved
- (d) evidence linking social connection to physical health
- (e) factors that contribute to the development of transient loneliness into chronic loneliness
- (f) the financial costs of loneliness to the NSW budget and the state economy and steps that can be taken to reduce the financial burden of loneliness
- (g) the identification of existing initiatives by government and non-government organisations to mitigate and reduce loneliness and social isolation
- (h) developments in other jurisdictions regarding the implementation of policies and initiatives relevant to the treatment of loneliness as a public health issue
- (i) steps the State Government can take to reduce the prevalence and impacts of loneliness in the community
- (j) steps that community, technology/social media companies, organisations, and individuals can take to reduce impact of loneliness on individuals and the community; and
- (k) any other related matters.

Resolved, on the motion of D'Adam: That the committee adopt the terms of reference for an inquiry into the prevalence, causes and impacts of loneliness in NSW.

5. Inquiry into the prevalence, causes and impacts of loneliness in NSW**5.1 Proposed timeline and committee activity**

Resolved, on the motion of Mr D'Adam: That the committee adopt the following timeline for the administration of the inquiry:

- Submission closing date of 1 November 2024
- Hearings on 15 and 22 November, with a reserve date of 25 November
- Tabling the report by 28 March 2025.

5.2 Stakeholder list

Resolved, on the motion of Ms Suvaal: That

- the secretariat circulate to members the Chair's proposed list of stakeholders to be invited to make a submission
- members have two days from when the Chair's proposed list is circulated to make amendments or nominate additional stakeholders
- the committee agree to the stakeholder list by email, unless a meeting of the committee is required to resolve any disagreement.

5.3 Approach to submissions

Resolved, on the motion of Ms Mitchell: That, to enable significant efficiencies for members and the secretariat while maintaining the integrity of how submissions are treated, in the event that 50 or more individual submissions are received, the committee may adopt the following approach to processing short submissions:

- All submissions from individuals 250 words or less in length will:
 - have an individual submission number, and be published with the author's name or as name suppressed, or kept confidential, according to the author's request
 - be reviewed by the secretariat for adverse mention and sensitive/identifying information, in accordance with practice
 - be channelled into one single document to be published on the inquiry website
- All other submissions will be processed and published as normal.

5.4 Online questionnaire

Resolved, on the motion of Ms Suvaal: That:

- the committee use an online questionnaire to capture individuals' views, and that the draft questions for this questionnaire be circulated and agreed by the committee over email, unless a formal meeting is needed to resolve any disagreement
- the media release announcing the establishment of the inquiry and emails to stakeholders note that there will be an online questionnaire to capture individuals' views
- the inquiry webpage be updated to promote the online questionnaire
- the closing date for the online questionnaire be 1 November 2024
- the committee not accept proformas.

Resolved, on the motion of Mr Buckingham: That the secretariat prepare a summary report of responses to the online questionnaire for publication on the website and use in the report, and that:

- the committee agree to publication of the report via email, unless a member raises any concerns
- individual responses be kept confidential on tabling.

6. Consideration of ministerial terms of reference

The Chair tabled the following terms of reference received from the Hon Michael Daley, Attorney General, on 2 August 2024:

That the Standing Committee on Social Issues inquire into the impacts of harmful pornography on mental, emotional, and physical health, with particular reference to:

- (a) age of first exposure to pornography and impacts of early exposure to pornography
- (b) media by which pornography is accessed and circulated
- (c) impacts on body image
- (d) the relationship between pornography use and respect and consent education
- (e) the production and dissemination of deepfake or AI-generated pornography
- (f) the impact of exposure to violent and/or misogynistic pornography on children, teenagers and young adults
- (g) impacts on minority groups including but not limited to First Nations, CALD or LGBTIQ+ people and people living with disability
- (h) effectiveness of any current education programs about use and misuse of pornography, and how these may be improved
- (i) the effectiveness of current restrictions on access to pornography and consideration of any need to improve these
- (j) the resources and support currently available to parents and carers to educate children about pornography, and how these might be improved; and
- (k) any other related matter.

Resolved, on the motion of Mr Buckingham: That paragraph (e) be omitted and the following inserted instead: 'the production and dissemination of pornography, including deepfake or AI generated pornography'.

Resolved, on the motion of Mr Buckingham: That the terms of reference for an inquiry into the impacts of harmful pornography on mental, emotional, and physical health be adopted, as amended.

7. Conduct of the inquiry into the impacts of harmful pornography on mental, emotional and physical health

7.1 Proposed timeline and committee activity

Resolved, on the motion of Ms Mitchell: That the committee adopt the following timeline for the administration of the inquiry:

- Submission closing date of 1 November 2024
- one hearing in late November or early December, to be determined after submissions are received.

7.2 Stakeholder list

Resolved, on the motion of Ms Suvaal: That

- the secretariat circulate to members the Chair's proposed list of stakeholders to be invited to make a submission
- members have two days from when the Chair's proposed list is circulated to make amendments or nominate additional stakeholders
- the committee agree to the stakeholder list by email, unless a meeting of the committee is required to resolve any disagreement.

7.3 Approach to submissions

Resolved, on the motion of Ms Suvaal: That, to enable significant efficiencies for members and the secretariat while maintaining the integrity of how submissions are treated, in the event that 50 or more individual submissions are received, the committee may adopt the following approach to processing short submissions:

- All submissions from individuals 250 words or less in length will:
 - have an individual submission number, and be published with the author's name or as name suppressed, or kept confidential, according to the author's request
 - be reviewed by the secretariat for adverse mention and sensitive/identifying information, in accordance with practice
 - be channelled into one single document to be published on the inquiry website
- All other submissions will be processed and published as normal.

7.4 Online questionnaire

Resolved on the motion of Mr D'Adam: That:

- the committee use an online questionnaire to capture individuals' views, and that the draft questions for this questionnaire be circulated and agreed by the committee over email, unless a formal meeting is needed to resolve any disagreement
- the media release announcing the establishment of the inquiry and emails to stakeholders note that there will be an online questionnaire to capture individuals' views
- the inquiry webpage be updated to promote the online questionnaire
- the closing date for the online questionnaire be 1 November 2024 (same as submission closing date)
- the committee not accept proformas.

Resolved, on the motion of Mr D'Adam: That the secretariat prepare a summary report of responses to the online questionnaire for publication on the website and use in the report, and that:

- the committee agree to publication of the report via email, unless a member raises any concerns
- individual responses be kept confidential on tabling.

8. Inquiry into the procurement practices of government agencies in New South Wales and its impact on the social development of the people of New South Wales

8.1 Public submissions

The committee noted that the following submissions were published by the committee clerk under the authorisation of the resolution appointing the committee: submissions nos. 42a and 64.

8.2 Erratum to report no. 63

The committee noted that it agreed via email that:

- the committee publish the correspondence from the Department of Customer Service on the committee's website
- the committee issue an erratum, publish it on the committee's website and link to it on the first page of the report and in the footnote to paragraph 2.13
- the Chair write to the Clerk of the Parliaments advising him of the error and requesting that it be corrected in the official tabled records
- the secretariat write to Mr Bediako (who is cited in paragraph 2.13) advising him of the correction.

8.3 Answers to questions on notice and supplementary questions

The committee noted that the following answers to questions on notice and supplementary questions were published by the committee clerk under the authorisation of the resolution appointing the committee:

- Dr Chris Wright, received on 17 July 2024
- NSW Wine Industry Association, received on 23 July 2024
- Social Enterprise Council NSW & ACT, received on 23 July 2024
- Nook Studios, received on 23 July 2024
- NSW Aboriginal Land Council, received on 23 July 2024.

8.4 Unauthorised disclosure

The Chair noted standing order 231 and the impacts of unauthorised disclosure of committee proceedings.

Resolved, on the motion of Ms Boyd: That the Clerk provide advice on whether correspondence provided to the committee by a member and publicly disclosed could constitute an unauthorised disclosure.

Mr D' Adam left the meeting.

Mr Lawrence joined the meeting.

Mr Tudehope moved: That:

- a further hearing be held as soon as possible
- Mr Darren Greenfield be invited to attend the hearing on behalf of the CFMEU and give evidence
- if Mr Greenfield declines to attend, a summons be issued for his attendance.

Question put.

The committee divided.

Ayes: Ms Merton, Mr Tudehope.

Noes: Ms Boyd, Mr Buckingham, Dr Kaine, Mr Lawrence, Mr Nanva, Ms Suvaal.

Question resolved in the negative.

9. Adjournment

The committee adjourned at 3.40 pm until 8 October 2024, McKell Room, Parliament House, Sydney (final report deliberative for the Procurement practices inquiry).

Rasika Somaweera

Committee Clerk

Draft minutes no. 13

Tuesday 8 October 2024

Standing Committee on Social Issues

Room 1136, Parliament House, Sydney at 10.10 am

1. Members present

Dr Kaine, Chair

Ms Boyd (via videoconference)

Mr Martin (via videoconference)

Mr D'Adam (via videoconference)

Mrs Carter (substituting for Mr Merton)

Mr Nanva (via videoconference)

Mr Tudehope

Ms Suvaal

2. Previous minutes

Resolved on the motion of Ms Suvaal: That draft minutes no. 12 be confirmed.

3. Sensitive content in inquiries

The committee noted that there may be sensitive and/or distressing information contained within submissions and evidence to the inquiries into the impacts of harmful pornography and loneliness. Submissions for both inquiries are currently open until 1 November 2024.

The committee also noted that:

- members and staff can access confidential and free counselling via the Parliament's Employee Assistance Program (EAP), and that reminders about this support will be provided to members as sensitive information is distributed or raised in hearings
- the Committee Office has protocols that will be put in place to ensure staff are supported throughout the inquiries
- referrals to support services have been included on each inquiry webpage, to provide support to inquiry participants and/or interested members of the public, given the nature of submissions and evidence could be sensitive/distressing
- the secretariat will investigate if there are any written resources that could be provided to members to assist with managing the impacts of receiving sensitive/distressing content in inquiries, in addition to any resources that may assist with the questioning of witnesses who have lived experience.

4. Inquiry into the procurement practices of government agencies in New South Wales and its impact on the social development of the people of New South Wales

4.1 Consideration of the Chair's Report

Consideration of the Chair's draft report, entitled '*Procurement practices of government agencies in New South Wales and its impact on the social development of the people of New South Wales – Final Report*'.

Ms Boyd moved: That the following paragraph be inserted before paragraph 2.36:

'A 30 per cent local content target was an election commitment of the Labor Government. NSW Procurement is currently responsible for the administration and operation of the existing 20 per cent local content requirement. Ms Campbell informed the committee that it would not be difficult for NSW Procurement to implement a change in policy from 20 per cent to 30 percent'. [FOOTNOTE: Evidence, Ms Sonya Campbell, Deputy Secretary - Commercial, NSW Treasury, 2 April 2024, p 4].

Question put and negatived.

Resolved, on the motion of Ms Suvaal: 'That Recommendation 2 be amended by omitting 'adjusted cost model' and inserting instead 'adjusted price model'.

Ms Boyd Moved: That the following new recommendation be inserted after Recommendation 7:

'Recommendation X

That the NSW Government provide additional funding towards the Anti-slavery Commission's monitoring functions under the *Modern Slavery Act 2018*'.

Question put.

The Committee divided.

Ayes: Ms Boyd, Mrs Carter, Mr Martin, Mr Tudehope.

Noes: Mr D'Adam, Dr Kaine, Mr Nanva, Ms Suvaal.

Question resolved in the negative, on the casting vote of the Chair.

Ms Boyd moved: That the following new finding and recommendations be inserted before Recommendation 8:

'Finding X

That there is strong support across the workforce for the adoption of a NSW Local Secure Jobs Code.

Recommendation X

That the NSW Government begin consultation with unions and industry bodies to develop a NSW Secure Jobs Code, using the ACT Secure Local Jobs Code as a model.

Recommendation X

That the NSW Government establish a mechanism by which registered trade unions can bring complaints or evidence of non-compliance by successful suppliers to the attention of the Jobs First Commission.

Recommendation X

That the NSW Government establish a two gate tendering model requiring tendering organisations to demonstrate a commitment to quality, safe and secure employment as a precondition. Organisations satisfying that precondition then bid for the work against a range of key objectives identified in the expanded procurement policy, including 'public good' considerations'.

Question put.

The committee divided.

Ayes: Ms Boyd

Noes: Mrs Carter, Mr D'Adam, Dr Kaine, Mr Martin, Mr Nanva, Ms Suvaal, Mr Tudehope.

Question resolved in the negative.

Resolved, on the motion of Ms Suvaal: That the following new recommendation be inserted:

'Recommendation X

That the NSW Government consider establishing a complaints handling mechanism within the NSW Jobs First Commission'.

Resolved, on the motion of Ms Boyd: That the following new paragraphs be inserted before paragraph 3.43:

'The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Disability Royal Commission) made recommendations for Australia to transition 'away from segregated

forms of employment and the payment of subminimum wages'. [FOOTNOTE: Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability, *Inclusive education, employment and housing – Summary and recommendations* (September 2023), p 11, <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Summary%20and%20recommendations.pdf>].

Mr Simpson gave anecdotal evidence of subminimum wage being paid in disability enterprises: '... we were talking to one of our staff members just yesterday who has worked in open and then segregated employment and then came to us. He related that he was receiving \$2 an hour for the work that he was doing in an Australian disability enterprise. Anecdotally, that's a very common figure, down towards that level...'.

On the other hand, Mr Musso noted that under the new wage-setting structure set by the Fair Work Commission in 2022:

'I think we will end up seeing probably around 70 per cent of employees working in supported employment services earning around two-thirds of the minimum wage by the end of that three-year period. That is a significant increase, and it does come with some risks to the viability of these organisations, in particular, with attendant job losses for employees with disability—mainly, probably, those employees who have more severe disability, who require more on-the-job support. I think they're most at risk of being displaced from the labour market as a result of these changes.' [FOOTNOTE: Evidence, Mr Paul Musso, Policy Advisor, National Disability Services, 3 July 2024, pp 66-67].

Resolved, on the motion of Ms Boyd: That paragraph 3.119 be amended by omitting 'and people with a disability' after 'and greater economic participation for Aboriginal peoples'.

Ms Boyd moved: That the following new paragraph be inserted after paragraph 3.119:

'In relation to procurement being used to support employment opportunities and greater economic participation for people with a disability, the committee notes the difference in opinions of stakeholders in relation to the benefits of open vs segregated employment settings and the payment of minimum vs subminimum wage to people with disability. However, noting that the Royal Disability Commission conducted a far wider-reaching and longer-running investigation into these issues than our inquiry has been able to, the committee is guided by the Royal Disability Commission's view that Australia should move to open employment settings and the phasing out of subminimum wage by 2034. The committee believes that NSW procurement practices have a role to play in assisting that transition'.

Ms Suvaal moved: That the original motion of Ms Boyd be amended by omitting all the words after 'subminimum wage to people with a disability' and instead inserting:

'The committee also notes that the Disability Royal Commission stated that in Part B, 'Inclusive employment', we consider how to increase the pathways and opportunities for people with disability in the workforce. Consistent with our vision for inclusion, we believe people with disability should have genuine choice and control over where and how they work. This should include a range of supported employment options in integrated, open and community-facing settings. This may include Australian Disability Enterprises (ADEs), for as long as they exist, but should not be limited to ADEs. People with disability should be paid fair wages. We make recommendations to increase open employment and for the Australian Government to develop a plan to transition Australia away from segregated forms of employment and the payment of subminimum wages to people with disability. Commissioners have a shared commitment to inclusive employment for people with disability. However, Commissioners have set out different perspectives and recommendations in some areas'. [FOOTNOTE: Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability, *Inclusive education, employment and housing – Summary and recommendations* (September 2023), p 11, <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Summary%20and%20recommendations.pdf>].

Amendment of Ms Suvaal put and passed.

Original question of Ms Boyd, as amended, put and passed.

Ms Boyd moved: That the Recommendation 14 be omitted:

'Recommendation 14

- That the NSW Government provide greater support for the procurement of disability employment organisations, including by:
- increasing training, support and skill development for disability enterprises, in order to assist them with tendering processes
- improving reporting and accountability requirements for procuring agencies enhancing training to government procurement officials on relevant requirements'.

and the following new recommendation be inserted instead:

'Recommendation 14

That the NSW Government use the procurement framework to incentivise the employment of people with disability, including by:

- increasing training, support and skills development for disability employment organisations, in order to assist them with tendering processes,
- working with and assisting disability enterprises to transition to open employment settings in which minimum wage is paid to people with disability, in line with the Disability Royal Commission recommendations, while maintaining the financial viability of those organisations
- improving reporting and accountability requirements for procuring agencies
- enhancing training to government procurement officials on relevant requirements'.

Ms Suvaal moved: That the motion of Ms Boyd be amended by omitting in the second bullet point:

- ...'in line with the Disability Royal Commission recommendations, while maintaining the financial viability of those organisations.

Amendment of Ms Suvaal put and passed

Original question of Ms Boyd, as amended, put and passed.

Ms Boyd left the meeting.

Mr Tudehope moved: That the following paragraphs be inserted after paragraph 2.21:

'The Labor Government went to the election with a commitment to “increase tender weightings to 30 per cent to capture local content, job creation, small business and ethical supply chains”. This change could have been made at any time by a Procurement Board Direction. However, 18 months on this policy commitment is still not in effect and there is no detail or clarity as to how it will operate.

The only announcement made has been to restrict the application of the policy so that it would not apply to any tender under \$7.5 million.

The current Procurement Framework – established under the previous Coalition Government – already requires that all tenders for goods and services valued at \$3 million or more must include a non-price tender weighting of 10% for small and medium enterprise participation. Such tenders must also include a minimum 10% non-price tender weighting for support of the NSW Government's economic, ethical, environmental and social priorities. All goods and services tenders for \$3 million or more must also include submission of a Small and Medium Enterprise and local participation plan, referencing NSW specific content and report on these commitments quarterly.

There has been no clarity from the Government as to whether these existing requirements are to be replaced by the new 30% tender weighting or if this will be an additional requirement.

The new 30% weighting is to cover four quite discrete matters: local content, job creation, small business and ethical supply chains. There is no clarity yet from the Government as to whether the 30% weighting

will need to be broken down into these four discrete components with a 7.5% weighting each or will a supplier be assessed on all four factors together?

It is also unclear why only supplies valued at \$7.5 million or more should be assessed in relation to having an ethical supply chain. This should be a Yes or No rating not a percentage weighting.

The issue of identifying a local supplier is not straightforward. The Government has made it clear that under its proposed Jobs First Commission legislation “The definition of ‘local content’ will be any Australia or New Zealand-based enterprise.

The “if not, why not” directive, which comes into force on 1 January 2025 requires Government agencies to test the market with local suppliers for contracts valued at \$7.5 million or more. The only definition for a “local supplier” is “a NSW based enterprise”. Purchasing agencies are directed to identify “local suppliers” by filtering the supplier database at buy.nsw by “location”. However, this will capture any supplier with an ABN linked to a NSW address. This will include the NSW registered address of any international supplier who has or is hoping to do business with the NSW Government. Much more work will need to be done on refining what counts as a “NSW based enterprise” if this policy directive is to have any real effect other than increasing the paperwork in the procurement process’.

Question put.

The committee divided.

Ayes: Mrs Carter, Mr Martin, Mr Tudehope.

Noes: Ms Boyd, Mr D'Adam, Dr Kaine, Mr Nanva, Ms Suvaal.

Question resolved in the negative.

Mr Tudehope moved: That the following new paragraphs be inserted after paragraph 2.119:

- 'The CMFEU General and Construction Division also called for the adoption of a Secure Local Jobs Code which would require not just the principal contractor but every subcontractor down the supply chain to have a union (effectively the CFMEU for any construction project) approved Enterprise Bargaining Agreement. No one could supply to the NSW Government without a Secure Local Jobs Certificate'.
- In Operation Kingfisher, the ACT Integrity Commission is investigating a matter in which it is alleged CFMEU officials cited the policy intent of the Secure Local Jobs Code to pressure the ACT Government to favour a less competitive supplier in favour of a CFMEU supplier.
- The Committee notes and commends the Minister for Domestic Manufacturing and Government Procurement for three times ruling out the adoption of a Secure Local Jobs Code. [FOOTNOTE: Evidence, Ms Courtney Houssos, Minister for Domestic Manufacturing and Government Procurement, 5 September 2024, p. 21].
- The Master Builders Australia, the Australian Industry Group, the Australian Constructors Association and the Civil Contractors Federation have called for the removal of Enterprise Bargaining Agreement clauses that give the CFMEU the right of veto over the use of subcontractors; require subcontractors be paid the same as those engaged by the head contractor; and give unfettered rights to officials to attend worker inductions and enter workplaces.
- Besix Watpac, which entered into an Enterprise Bargaining Agreement with the CFMEU on 16 July 2024, giving the Union veto power over all subcontractors, was awarded the contract for Shellharbour Hospital. Noting the recent media reports as well as official statements from Geoffrey Watson SC and the CFMEU Administrator about the involvement of criminal elements in the obtaining of some Enterprise Bargaining Agreements with the CFMEU as an interested party, it is concerning that such important projects may be subject to interference leading to cost blowouts or delays by the CFMEU'.

Question put.

The committee divided.

Ayes: Mrs Carter, Mr Martin, Mr Tudehope.

Noes: Ms Boyd, Mr D'Adam, Dr Kaine, Mr Nanva, Ms Suvaal.

Question resolved in the negative.

Mr Tudehope moved: That the following new recommendation be inserted:

'Recommendation X

The NSW Government should conduct an audit of all current Government construction projects to identify suppliers with Enterprise Bargaining Agreements to which the CFMEU is a party and, in conjunction with the CFMEU Administrator, take all necessary steps to ensure that projects costs and timing are not adversely impacted by any inappropriate action by the CFMEU, former CFMEU officials or their associates'.

Question put.

The committee divided.

Ayes: Mrs Carter, Mr Martin, Mr Tudehope.

Noes: Ms Boyd, Mr D'Adam, Dr Kaine, Mr Nanva, Ms Suvaal.

Question resolved in the negative.

Resolved, on the motion of Mrs Carter: That:

- the draft report [as amended] be the report of the committee and that the committee present the report to the House;
- the committee secretariat correct any typographical, grammatical and formatting errors prior to tabling;
- the committee secretariat be authorised to update any committee comments where necessary to reflect changes to recommendations or new recommendations resolved by the committee;
- dissenting statements be provided to the secretariat within 24 hours after receipt of the draft minutes of the meeting;
- the secretariat table the report at 11.30 am on Friday 11 October 2024.

5. Adjournment

The committee adjourned at 10.50 am, *sine die*.

Daniel Whiteman

Committee Clerk

Draft minutes no. 14

Friday 15 November 2024

Standing Committee on Social Issues

Macquarie Room, Parliament House, Sydney at 11.01 am

1. Members present

Dr Kaine, *Chair*

Mr Barrett (substituting for Mrs Mitchell for the duration of the loneliness inquiry) (via videoconference)

Dr Cohn

Mr D'Adam (until 4.00 pm)

Mrs Maclaren-Jones (substituting for Mrs Merton for the duration of the loneliness inquiry) (until 1.00 pm)

Mr Martin (from 11.14 am until 1.00 pm)

Mr Nanva (from 11.20 am until 11.30 am, and from 4.00 pm to 4.28 pm via videoconference)

Ms Suvaal (until 11.20 am)

2. Previous minutes

Resolved on the motion of Ms Suvaal: that draft minutes no. 13 be confirmed.

3. Correspondence

The committee noted the following items of correspondence:

Received

- 14 August 2024 – Email from Cooper Gannon, Whip's Advisor, Office of the Hon. Chris Rath MLC, Opposition Whip in the Legislative Council, to secretariat, advising that the Hon. Natasha Maclaren-Jones will substitute the Hon. Rachel Merton MLC for the duration of the inquiry into the prevalence, causes and impacts of loneliness
- 19 August 2024 – Email from Victorian Health Promotional Hub, VicHealth, to secretariat, advising that VicHealth will not be making a submission to the inquiry into the prevalence, causes and impacts of loneliness
- 20 August 2024 – Email from Genevieve Illeris, Head of Communications & Partnership, Sax Institute, to secretariat, noting their intention to make a submission to the loneliness inquiry and requesting the opportunity to meet with committee members to discuss relevant data from the Sax Institute's 45 and Up study
- 28 August 2024 – Email from Mitch Sullivan, Parliamentary and Corporate Reporting, Communications and Engagement Unit, Australian Institute of Health and Welfare (AIHW), to committee, advising that AIHW will not be making a submission to the inquiry into the prevalence, causes and impacts of loneliness
- 9 September 2024 – Email from Ben Bartlett, ReachOut, to Chair, advising that due to capacity constraints ReachOut will not be making a submission to the inquiry into the prevalence, causes and impacts of loneliness
- 9 September 2024 – Letter from Peter Achterstraat AM, NSW Productivity and Equality Commissioner, to Chair, advising that the Commission does not intend to make a submission to the inquiry into the prevalence, causes and impacts of loneliness but will provide a copy of the Commission's paper on mental health in NSW once finalised
- 9 September 2024 – Email from Mr Filipe Gama e Silva, Interim Chief Executive Officer & Non-Executive Director, Mentoring Men, to Chair, providing a copy of Mentoring Men's 'Mentorship and Loneliness' report, for the inquiry into the prevalence, causes and impacts of loneliness
- 17 September 2024 – Email from Ms Shreya Thakur, Parliamentary and Reporting Manager, Australian Institute of Health and Welfare, to Chair, advising that the Australian Institute of Health and Welfare will not be providing a submission to the inquiry into the impacts of harmful pornography on mental, emotional and physical health
- 26 September 2024 – Email from Cooper Gannon, Whip's Advisor, Office of the Hon. Chris Rath MLC, Opposition Whip in the Legislative Council, to secretariat, advising that the Hon. Scott Barrett MLC will substitute for the Hon. Sarah Mitchell MLC for the duration of the inquiry into the prevalence, causes and impacts of loneliness
- 1 October 2024 – Email from Ms Melissa Abu-Gazaleh, Managing Director and Founder, Top Blokes Foundation, to secretariat, outlining the role of the organisation, advising they intend to make a submission, and offering to appear at a hearing of the inquiry into the impacts of harmful pornography on mental, emotional and physical health
- 8 October 2024 – Email from Ms Zoe Robinson, Advocate for Children and Young People, following up on a letter sent to the Premier (cc the Chair) about meeting with herself and Ms Chanel Contos to discuss how to facilitate engagement of young people with the inquiry into the effects of harmful pornography on mental, physical and emotional health
- 11 October 2024 – Email from Ms Rewa Mackie, Innovation Project Lead, Social Traders, on behalf of Ms Tara Anderson, Chief Executive Officer, Social Traders to Chair, inviting the committee to discuss the final report of the procurement practices inquiry and attend the Social Traders Convene event
- 15 October 2024 – Email from an individual, to secretariat, expressing interest in appearing as an *in camera* witness for the inquiry into the prevalence, causes and impacts of loneliness

- 15 October 2024 – Letter from Dr James Cockayne, NSW Anti-slavery Commissioner to Chair, providing a response to the final report of the Procurement practices inquiry (previously circulated)
- 25 October 2024 – Letter from Ombudsman, Paul Miller, to Chair, advising that the Child Death Review (CDRT) team will not be making a submission to the inquiry into loneliness and including relevant information included in CDRT reports for the committee's consideration
- 27 October 2024 – Email from individual to various committees and government agencies raising concerns about Dareton police station
- 31 October 2024 – Email from Dr Bob Davidson, on behalf of the Sydney Community Collaborative, to secretariat, requesting an extension for their submission to the inquiry into the prevalence, causes and impacts of loneliness, and expressing interest in appearing as a witness
- 1 November 2024 – Email from Gohar Yazdabadi, Chief Executive Officer, Council on the Ageing NSW, to secretariat, requesting that their submissions remain confidential until their survey report is published, for the inquiry into the prevalence, causes and impacts of loneliness
- 5 November 2024 – Letter from Mr Christopher Hall AM, Chief Executive Officer, Grief Australia, requesting that Grief Australia be invited to appear as a witness for the inquiry into the prevalence, causes and impacts of loneliness
- 6 November 2024 – Email from Mr Jason Ardit, Manager and Executive Officer, Mental Health Commission of NSW, to secretariat, noting the Commissioner's availability to appear as a witness for the inquiry into the prevalence, causes and impacts of loneliness
- 6 November 2024 – Email from Mr Andrew Dowling, Founder and CEO, Stitch, to Chair, providing information about Stitch, noting themes raised at the Ending Loneliness Together symposium and identifying recommendations for the committee's consideration, for the inquiry into the prevalence, causes and impacts of loneliness
- 8 November 2024 – Email from Mr Jason Ardit, Manager and Executive Officer, Mental Health Commission of NSW, to secretariat, advising that the Commission is unable to attend the 15 November hearing
- 8 November 2024 – Email from Mr Chris Siorokos, Executive Director, Lifeline Australia, advising that Dr Anna Brooks, Chief Research Officer, Lifeline Australia, is unable to attend the 15 November hearing
- 8 November 2024 – Email from a named individual to the committee, requesting that their submission be kept confidential.
- 11 November 2024 – Email from Andrea Rocha, Executive Assistant to the Commissioner, Mental Health Commission of NSW, to secretariat, advising Commissioner's available to appear as a witness for the inquiry into the prevalence, causes and impacts of loneliness
- 12 November 2024 – Email from Mr Sky Camarce, to secretariat, expressing interest in appearing as a witness for the inquiry into the prevalence, causes and impacts of loneliness
- 13 November 2024 – Email from Ryan Broom, Director, Health, Education and Skills, Social Policy and Intergovernmental Relations Group, the Cabinet Office, to secretariat, declining the committee's invitation to attend the 15 November hearing
- 13 November 2024 – Email from Mr Chris Twomey, Senior Industry Fellow, Bankwest Curtin Economics Centre, to secretariat, providing the committee with a copy of the Australian Unity Wellbeing Index, *Wellbeing in a cost-of-living crisis* report
- 14 November 2024 – Email from Gohar Yazdabadi, Chief Executive Officer, Council on the Ageing NSW, to secretariat, advising that their submission can be processed as public
- 14 November 2024 – Email from Andrew Johnson, CEO, Youth Action, to secretariat, expressing interest in appearing as a witness for the inquiry into the prevalence, causes and impacts of loneliness.

Sent

- 16 October 2024 – Letter from Chair to Dr James Cockayne, NSW Anti-slavery Commissioner, providing a response to his letter dated 15 October 2024 regarding the procurement practices inquiry final report

- 16 October 2024 – Letter from Chair to the Hon Penny Sharpe MLC, Leader of the Government, providing a copy of the letter from Dr James Cockayne, NSW Anti-slavery Commissioner, dated 15 October 2024 in relation to the procurement practices final report.

Resolved on the motion of Ms Suvaal: That the committee keep confidential the following correspondence:

- email from individual to various committees and government agencies raising concerns about Dareton police station dated 27 October 2024
- email from individual to secretariat, expressing interest in appearing as an *in camera* witness for the committee's inquiry into the prevalence, causes and impacts of loneliness, dated 15 October 2024
- email from a named individual to the committee, requesting that their submission be kept confidential, dated 8 November 2024.

Resolved, on the motion of Mrs Maclaren-Jones: That the Chair write to the NSW Government to formally request that departmental witnesses appear before the committee to give evidence, noting that it is common for the NSW Government to participate in hearings where an inquiry has been initiated by a Minister.

4. Declaration of interest

Mr D'Adam made a declaration regarding correspondence from Genevieve Illeris, Head of Communications & Partnership, Sax Institute received 20 August 2024. Ms Illeris is a relative of Mr D'Adam.

5. Inquiry into the impacts of harmful pornography on mental, emotional and physical health

5.1 Extension of closing date for submissions and online question

The committee noted that it agreed via email for an extension of the closing date for submissions and the online questionnaire, to end of January 2025.

5.2 Proposal for an *in camera* roundtable with young people

Resolved, on the motion of Mrs Maclaren-Jones: That the committee:

- hold an *in camera* round table with male young persons and young men, potentially facilitated by Top Blokes foundation
- hold an *in camera* round table for female young persons and young women, potentially facilitated by Collective Shout
- the secretariat liaise with the Top Blokes Foundation, Collective Shout and the Office of the Advocate for Children and Young People for advice and assistance on the appropriate structure, format, location and process to engage young children and adults in the round tables.

5.3 Proposed dates for inquiry activity

Resolved on the motion of Mrs Maclaren-Jones: That three dates in March/April be set aside for hearing activity, with member availability to be canvassed by the secretariat.

6. Inquiry into the Prevalence, causes and impacts of loneliness in New South Wales

6.1 Election of a Deputy Chair

The Chair noted that the Deputy Chair of the committee, Mrs Mitchell, will be substituted by Mr Barrett for the duration of the inquiry into the prevalence, causes and impacts of loneliness in New South Wales.

The Chair called for nominations for Deputy Chair.

Resolved on the motion of Mr D'Adam: That Mrs Maclaren-Jones act as Deputy Chair for the duration of the inquiry into the prevalence causes and impacts of loneliness in New South Wales.

6.2 Public submissions

The committee noted the publication of submission nos. 2-4, 6-17, 19-28, 30-44, 46-49, 51-57, 59-69, 71-86, and 88-98, 100-101, 103-123, 125-127, 129, 131-133 and 135.

Resolved on the motion of Mrs Maclaren-Jones: That the committee authorise the publication of submission no. 87.

6.3 Partially confidential submissions

Resolved on the motion of Mrs Maclaren-Jones: That the committee keep the following information confidential as per request of author: names and/or identifying and sensitive information in submissions no. 1, 5, 18, 45, 99.

Resolved on the motion of Mr D'Adam: That the committee the publication of submission no. 50, with the exception of identifying and/or sensitive information which are to remain confidential, as per the recommendation of the secretariat.

6.4 Confidential submissions

Resolved on the motion of Ms Suvaal: That the committee keep submission nos. 58, and 70 confidential, as per the request of the author as they contain identifying and/or sensitive information.

6.5 Additional hearing dates and regional hearing

The committee considered the timeline for committee activity and the proposal for a regional hearing.

Resolved, on the motion of Mr Barrett:

- That the committee vacate 22 and 25 November as hearing dates, and instead identify two alternative hearing dates for early 2025, one of which could be for a regional hearing.
- That the committee hold a regional hearing in Central West NSW (Bathurst) or Northern Rivers area, with member feedback to be canvassed by email
- That the secretariat liaise with key stakeholders and local services in the regional area to advise the committee on the suitability of conducting a public forum or whether it may be more appropriate to have *in camera* sessions with individuals.

6.6 Extension of reporting date

The considered extending the reporting date, in order to provide the secretariat with additional time to arrange the regional hearing and input of individuals, and draft the report.

Resolved on the motion of Ms Suvaal: That the committee tabled the report by end of May/June 2025.

Ms Suvaal left the meeting.

6.7 Public hearing

Resolved on the motion of Mr D'Adam: That the allocation of questions to be asked at the hearing be left in the hands of the Chair.

The Chair made an opening statement regarding parliamentary privilege and other matters.

Witnesses, the public and the media were admitted at 11.18 am.

The following witness was sworn and examined:

- Professor Michelle Lim, CEO, Ending Loneliness Together & Associate Professor, Prevention Research Collaboration, University of Sydney.

The evidence concluded and the witness withdrew.

The following witnesses were sworn and examined.

- Mr Chris Gambian, Executive Director, Australians for Mental Health
- Ms Rebekah Henrickson, Director of Government Relations, Suicide Prevention Australia *via videoconference*
- Ms Stephanie Trainor, Policy Advisor, Suicide Prevention Australia *via videoconference*
- Ms Carly Dober, Policy Coordinator & Psychologist, Australian Association of Psychologists *via videoconference*

- Mrs Amanda Curran, Chief Services Officer & Psychologist, Australian Association of Psychologists *via videoconference*.

Mr Martin left the meeting.

Mrs Maclaren-Jones left the meeting.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Mrs Johanna Pitman, Chair, Research SubCommittee, Groundswell Foundation
- Mr Martin Blake, Chairman, Groundswell Foundation
- Ms Elizabeth Clark, Partner, Policy, Economics & Public Impact, KPMG Australia.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Mr Greg Jennings, Chief Engagement Officer, Beyond Blue *via videoconference*
- Ms Elisabeth Shaw, CEO, Relationships Australia NSW
- Dr Stephanie Hodson, CEO, Relationships Australia Canberra and Region.

The public hearing adjourned at 4.00 pm and the witnesses withdrew.

Mr D'Adam left the meeting.

Mr Nanva joined the meeting.

7. Sub-committee

Resolved, on the motion of Dr Cohn: That the committee appoint a sub-committee constituted by any three members, in order to conduct the remainder of the public hearing.

8. Public hearing (continued)

The public hearing re-commenced at 4.06 pm. The following witnesses were sworn and examined:

- Mr Chris Twomey, Senior Industry Fellow, Bankwest Curtin Economics Centre *via videoconference*
- Dr Lili Loan Vu, Research Fellow, Bankwest Curtin Economics Centre *via videoconference*
- Dr Nancy Kong, Senior Lecturer, Centre for Health Economics Research and Evaluation (CHERE), University of Technology Sydney.

The evidence concluded and the witnesses withdrew.

Mr Nanva left the meeting.

The following witnesses were sworn and examined:

- Professor Viviana Wuthrich, Director, Lifespan Health & Wellbeing Research Centre, Macquarie University
- Dr Rosanne Freak-Poli, Senior Fellow, Monash University *via videoconference*
- Dr Htet Lin Htun, PhD Candidate, Monash University *via videoconference*
- Mr Achamyeleh Teshale, PhD Candidate, Monash University *via videoconference*.

The evidence concluded and the witnesses withdrew.

The public hearing concluded at 5.31 pm. The public and the media withdrew.

9. Other business

10. Adjournment

The committee adjourned at 5.36 pm, Friday 15 November, until Thursday 12 December (second hearing – inquiry into the Prevalence, causes and impacts of loneliness in New South Wales).

Teneale Houghton
Committee Clerk

Draft minutes no. 15

Thursday 12 December 2024

Standing Committee on Social Issues

Jubilee Room, Parliament House, Sydney at 9.02 am

1. Members present

Dr Kaine, *Chair*

Mrs Maclaren-Jones, *Deputy Chair* (via videoconference)

Mr Barrett (until 3.15 pm)

Dr Cohn (from 9.04 am)

Mr D'Adam (until 3.30 pm)

Mr Nanva (until 12.30 pm and from 2.06 pm until 2.54 pm (via videoconference) and from 3.30 pm)

Ms Suvaal (until 11.25 am and from 11.51 am until 12.19 pm)

2. Apologies

Mr Martin

3. Previous minutes

Resolved, on the motion of Ms Suvaal: That draft minutes no. 14 be confirmed.

4. Correspondence

The committee noted the following items of correspondence:

Received

- 4 November 2024 – Email from Dr Hannah Tonkin, NSW Women's Safety Commissioner, to the secretariat, expressing an interest in appearing as a witness for the inquiry into harmful pornography and noting that she contributed to the NSW Government submission
- 15 November 2024 – Email from an individual requesting that a named organisation be invited to give evidence *in camera* for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales
- 18 November 2024 – Email from Jane Stratton, CEO, Think+DO Tank Foundation, to secretariat, expressing interest in appearing as a witness for the inquiry into the prevalence, causes and impact of loneliness in New South Wales
- 21 November 2024 – Email from an individual providing further information to support their request that a named organisation be invited to give evidence *in camera* for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales
- 3 December 2024 – Email from Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together and Associate Professor, Prevention Research Collaboration, University of Sydney, requesting a transcript correction, November hearing, for the inquiry into the prevalence, causes and impact of loneliness in New South Wales
- 9 December 2024 – Email from Ms Zoë Robinson, Advocate for Children and Young People, Office of the Advocate of Children and Young People, to the Chair, identifying potential mechanisms for young people to participate in the inquiry into the impacts of harmful pornography on mental, emotional and physical health

- 10 December 2024 – Email from Ruby Riethmuller, Founder and CEO, Womn-Kind to the secretariat providing their submission and requesting that Womn-Kind and the National Youth Advisory Panel, be invited to appear before the committee for the inquiry into the prevalence, causes and impact of loneliness in New South Wales.

Sent

- 21 November 2024 – Letter from Chair, to Ms Kate Boyd, Secretary, The Cabinet Office, regarding the NSW Government's attendance at hearings for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales
- 25 November 2024 – Letter from Chair, to Ms Abu-Gazaleh, Top Blokes Foundation, seeking advice and assistance for a roundtable with young men for the impacts of harmful pornography inquiry
- 25 November 2024 – Letter from Chair, to Ms Zoë Robinson, Advocate for Children and Young People, seeking advice and assistance for a roundtable with young people for the impacts of harmful pornography inquiry
- 25 November 2024 – Letter from Chair, to Ms Tankard Reist, Collective Shout, seeking advice and assistance for a roundtable with young women for the impacts of harmful pornography inquiry.

Resolved, on the motion of Ms Suvaal: That:

- the Chair respond to the email from Ms Zoë Robinson, Advocate for Children and Young People, Office of the Advocate of Children and Young People, received 9 December 2024, to advise that the committee wishes to proceed with the three options provided by Ms Robinson for young people to participate in the inquiry into the impacts of harmful pornography on mental, emotional and physical health
- in relation to option 3, the committee request that the Office of the Advocate for Children and Young People simplify the committee's online questionnaire so that it is age-appropriate and advise the committee if there are any questions that it has missed.

Resolved, on the motion of Ms Suvaal: That the committee authorise the insertion of a footnote at the relevant point in the transcript of 15 November 2024 to note the clarification provided by Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together and Associate Professor, Prevention Research Collaboration, University of Sydney, regarding the correct figure, on page 3, is '589 million media impressions'.

5. Inquiry into the impacts of harmful pornography on mental, emotional and physical health

5.1 Public submissions

The committee noted the publication of submission nos. 3, 5-9, 11-32, and 34-38.

5.2 Partially confidential submissions

Resolved, on the motion of Mr D'Adam: That the committee keep the following information confidential, as per the request of the author: names in submission nos. 1, 2, 33 and 39.

5.3 Confidential submissions

Resolved, on the motion of Mr D'Adam: That the committee keep submission no. 10 confidential, as per the request of the author as it contains identifying and/or sensitive information.

6. Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

6.1 Public submissions

The committee noted the publication of submission nos. 29, 102, 124, 128, 130, 134, 136-137, and 140-143.

6.2 Partially confidential submissions

Resolved, on the motion of Mr D'Adam: That the committee keep the following information confidential, as per the request of the author: names in submission nos. 138 and 139.

6.3 Answers to questions on notice and supplementary questions

Resolved, on the motion of Mr D'Adam: That the committee authorise the publication of:

- additional information from Mr Chris Twomey from Bankwest Curtin Economic Centre, dated 19 November 2024
- answers to supplementary questions and additional information from Ms Carly Dober from the Australian Association of Psychologist, dated 3 December 2024
- answers to questions on notice from Mr Chris Twomey Bankwest Curtin Economic Centre, dated 10 December 2024
- answers to supplementary questions from Mr Greg Jennings, Beyond Blue, dated 11 December 2024.

6.4 Online questionnaire

Resolved, on the motion of Ms Suvaal: That the committee authorise the publication of the summary report of responses to the online questionnaire.

6.5 Format and location of regional hearing on Friday 7 February 2024

The committee discussed holding a hearing/roundtable with representative organisations, support services, and individuals with lived experience of loneliness in Central West NSW, Orange.

The Chair to prepare and circulate a proposed itinerary, schedule and hearing/roundtable format to the committee.

6.6 Public hearing

The Chair made an opening statement regarding parliamentary privilege and other matters.

Witnesses, the public and the media were admitted at 9.18 am.

The following witnesses were sworn and examined:

- Dr Murray Wright PSM, NSW Chief Psychiatrist, NSW Ministry of Health
- Mr Anthony Shannon, Director Early Intervention & Inclusion, NSW Department of Communities & Justice.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Jennifer Black, Commissioner, Mental Health Commission of New South Wales
- Ms Deborah Howe, Acting Director System Reform, Mental Health Commission of New South Wales.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Maryanne Maher, National Manager, VIEW Clubs of Australia, The Smith Family
- Ms Elizabeth Birch, National President, VIEW Clubs of Australia, The Smith Family (via videoconference)
- Ms Danica Leys, Chief Executive Officer, Country Women's Association of NSW
- Mr Andrew Connolly, Policy Manager, Country Women's Association of NSW
- Ms Rebel Black, Chairperson, THE Rural Woman Cooperative.

The evidence concluded and the witnesses withdrew.

Ms Suvaal left the meeting.

The following witnesses were sworn and examined:

- Mrs Cassandra Gray, Chief Operating Officer, Mentoring Men
- Mr Mark Henderson, Research Consultant, Mentoring Men
- Ms Emma Bredenmann, Manager, Communications, Partnerships & Events, Australian Men's Shed Association

- Dr Cristina Jarron, Research Manager, Top Blokes Foundation
- Mr Daniel Allars, NSW State Manager, Top Blokes Foundation.

Ms Suvaal rejoined the meeting.

Mr Allars tendered the following documents:

- Top Blokes Foundation, 'Submission to the Standing Committee on Social Issues – inquiry into the prevalence, causes and impacts of loneliness in New South Wales'.

The evidence concluded and the witnesses withdrew.

Ms Suvaal left the meeting.

Mr Nanva left the meeting.

The following witnesses were sworn and examined:

- Ms Zoë Robinson, Advocate for Children and Young People, Office of Advocate of Children and Young People
- Miss Maddison Elwine-Wilson, Individual, Office of the Advocate of Children and Young People (via videoconference).

The evidence concluded and the witnesses withdrew.

Mr Nanva rejoined the meeting.

The following witnesses were sworn and examined:

- Mr Andrew Johnson, Acing CEO, Youth Action
- Ms Penny Lamaro, Chair, Youth Action
- Dr Kate Filia, Senior Research Fellow, Orygen (via videoconference).

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Gohar Yazdabadi, CEO, Council on the Ageing (COTA) NSW
- Ms Joan Hughes, Chair, NSW Ministerial Advisory Council on Ageing
- Ms Emma Maiden, General Manager, Advocacy and External Relations, Uniting NSW.ACT
- Ms Clare Lawrence, Principal Policy Officer, Uniting NSW.ACT.

The evidence concluded and the witnesses withdrew.

Resolved, on the motion of Dr Cohn: That the committee appoint a sub-committee comprising Dr Kaine, Dr Cohn and Mrs Maclaren-Jones to conduct the remainder of the public hearing should there be a loss of quorum.

Mr Barrett left the meeting.

The following witnesses were sworn and examined:

- Dr Tadgh McMahon, Head of Research and Policy, SSI
- Ms Harshitha Peddireddy, Admin member, South Asian Research and Advocacy Hub (SARAH) (via videoconference)
- Mr Ashmith Sivayoganathan, Admin member, South Asian Research and Advocacy Hub (SARAH) (via videoconference)

- Professor Lucy Taksa, Director, Multicultural Communities Council NSW; Professor of Management, Deakin Business School; Deputy Director, Deakin Centre for Refugee Employment, Advocacy, Training and Education (CREATE)
- Dr Marika Franklin, Director, Multicultural Communities Council NSW, Research Fellow and Lecturer, Faculty of Medicine and Health, University of Sydney and Honorary Research Fellow, Deakin Business School, Deakin University.

Mr D'Adams left the meeting

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Dr Prasheela Karan, Senior Policy Officer & Team Coordinator, Mental Health Carers NSW
- Dr Richard Baldwin, Senior Policy Officer, Mental Health Carers NSW
- Dr Melanie Bournsnel, Chair, NSW Ministerial Advisory Council for Carers (via videoconference).

The evidence concluded and the witnesses withdrew.

The public hearing concluded at 4.55 pm. The public and the media withdrew.

7. **Tendered documents**

Resolved, on the motion of Dr Cohn: That the committee accept and publish the following document tendered during the public hearing by Mr Daniel Allars, NSW State Manager, Top Blokes Foundation

- Top Blokes Foundation, 'Submission to the Standing Committee on Social Issues – inquiry into the prevalence, causes and impacts of loneliness in New South Wales'.

8. **Adjournment**

The committee adjourned at 4.57 pm, until Thursday 6 February 2025 (third hearing – inquiry into the prevalence, causes and impacts of loneliness in New South Wales).

Teneale Houghton
Committee Clerk

Draft minutes no. 16

Thursday 6 February 2025, 9.02 am
Standing Committee on Social Issues
Jubilee Room, Parliament House, Sydney

1. **Members present**

Dr Kaane, *Chair*
Mrs Maclaren-Jones, *Deputy Chair*
Mr Barrett (via videoconference)
Dr Cohn (until 10.45 am and from 11.30 am until 4.00 pm)
Mr D'Adam (until 10.45 am and from 1.45 pm)
Mr Martin (from 9.36 am until 3.15 pm)
Mr Nanva (via videoconference) (until 9.15 am and from 12.10 pm to 12.48 pm)
Ms Suvaal (via videoconference) (until 9.16 am and from 10.59 am to 12.53 pm)

2. **Previous minutes**

Resolved on the motion of Ms Suvaal: That draft minutes no. 15 be confirmed.

3. Correspondence

The committee noted the following items of correspondence:

Received

- 2 December 2024 – Email from Ms Melinda Tankard Reist, Movement Director, Collective Shout, to secretariat, seeking information on committee's duty of care in the event of a disclosure of sexual assault during a roundtable with young people for the inquiry into the impacts of harmful pornography, and other queries
- 9 December 2024 – Email from Ms Zoë Robinson, Advocate for Children and Young People, and Chanel Contos, Teach Us Consent, providing options for engaging with young people in the inquiry into the impacts of harmful pornography
- 12 December 2024 – Email from Ms Lynne Williamson, to secretariat, requesting information regarding the publication of confidential submissions to the inquiry into adoption practices in New South Wales
- 16 December 2024 – Email from Ms Melissa Docker, Manager, Policy and Development, Policy, Development and Research Unit, Carers NSW, to secretariat, seeking guidance about witness selection and expressing interest in providing additional information in response to questions raised by members during the hearing for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales on 12 December 2024
- 17 December 2024 – Email from Dr Rosanne Freak-Poli, Senior Research Fellow, Monash University, requesting correction to transcript of 15 November 2024 hearing marked '[audio malfunction]' to reflect what was actually said, for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales
- 23 December 2024 – Email from Ms Madison Boyd, Government Relations Lead, Lake Macquarie City Council, declining the committee's invitation to attend the hearing for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales on 7 February 2025
- 6 January 2025 – Email from Ms Ellie Saw, Manager, Ministerial and Parliamentary Services, Department of Communities and Justice, requesting an extension for post-hearing responses from the Office of the Advocate for Children and Young People for the hearing of the inquiry into the prevalence, causes and impacts of loneliness in New South Wales on 12 December 2024
- 8 January 2025 – Email from Ms Jenny Kemp, Chief Social Impact Office, Playgroup NSW, declining the committee's invitations to participate in the roundtable for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales on 7 February 2025
- 8 January 2025 – Email from Office of the Hon Kate Washington MP, Minister for Families and Communities and Minister for Disability Inclusion, to secretariat, forwarding correspondence from Ms Lynne Williamson requesting a meeting to discuss publication of confidential submissions to the inquiry into adoption practices in New South Wales
- 9 January 2025 – Email from Dr Prasheela Karan, Senior Policy Officer and Team Coordinator, Mental Health, Carers NSW, requesting correction to transcript of the hearing of the inquiry into the prevalence, causes and impact of loneliness in New South Wales on 12 December 2024
- 13 January 2025 – Email from Ms Laura Sparkes, Producer, 60 Minutes, to secretariat, on behalf of Ms Lily James/Lily Arthur requesting access to documents to the inquiry into adoption practices in New South Wales
- 13 January 2025 – Letter from Ms Melissa Abu-Gazaleh, Managing Director and Founder, Top Blokes Foundation, providing advice to the committee regarding engaging with young men for the inquiry into the impacts of harmful pornography on mental, emotional and physical health
- 14 January 2025 – Email from Ms Lily Arthur, CEO, Origins Supporting People Separated by Adoption Inc, to secretariat, requesting access to documents to the inquiry into adoption practices in New South Wales
- 18 January 2025 – Email from Melinda Tankard Reist, Collective Shout, to secretariat, advising on constraints regarding inviting young people to participate in a roundtable for the inquiry into the effects of harmful pornography

- 20 January 2025 – Email from Dr Lucy Watson, Manager, Policy, Strategy and Research, ACON, declining the committee's invitation to attend the hearing for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales on 6 February 2025 (*attached*)
- 20 January 2025 – Email from Mr Peter List, Senior Business Partner, Parliament and Cabinet, Executive and Ministerial Services, NSW Health, to secretariat, confirming that NSW Health's response to question on notice 5 taken during the 12 December 2025 hearing answers the supplementary question from the committee
- 20 - 22 January 2025 – Email conversation between Ms Zoë Robinson, Advocate for Children and Young People, and secretariat, advising on a targeted questionnaire for young people for the inquiry into the effects of harmful pornography
- 23 January 2025 – Email conversation between Ms Zoë Robinson, Advocate for Children and Young People, and secretariat, advising on a round table for the inquiry into the effects of harmful pornography
- 24 January 2025 – Email from Mr Peter Stewart, President, Wingecarribee Adult Day Care Centre, declining the committee's invitation to attend the hearing for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales on 6 February 2025
- 3 February 2025 - Mr Michael Peachy, Manager, WINS Community Centre, advising that he is unable to attend the hearing for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales on 6 February 2025
- 4 February 2025 - Email from an individual suggesting that the committee invite representatives from two named organisations to give evidence for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales.

Sent

- 16 December 2024 – Letter from Chair, to Ms Melinda Tankard Reist, Movement Director, Collective Shout, responding to request for information on the committee's approach to dealing with potential disclosures of allegations of criminal actions in the course of an inquiry, in the context of the inquiry into the impacts harmful pornography
- 16 December 2024 – Letter from Chair, to Ms Zoë Robinson, Advocate for Children and Young People, advising that the committee has agreed with all three options for engaging with young people for the inquiry into the impacts of harmful pornography
- 17 December 2024 – Letter from Chair, to Ms Lynne Williamson, explaining the committee's decision not to publish confidential submissions to the inquiry into adoption practices in New South Wales
- 15 January 2025 - Email from secretariat to Ms Laura Sparkes, 60 Minutes, responding to request to on behalf of Ms Lily James/Lily Arthur requesting access to documents to the inquiry into adoption practices in New South Wales
- 4 February 2025 – Letter from Chair to Mr Philip Donato MP, Member for Orange, advising that the committee will be conducting a hearing and roundtables in Orange for the inquiry into the prevalences, causes and impacts of loneliness in New South Wales
- 13 January 2025 – Email from secretariat to Ms Laura Sparkes, 60 Minutes, responding to request on behalf of Ms Lily James/Lily Arthur requesting access to documents to the inquiry into adoption practices in New South Wales, sent 13 January 2025.

Resolved on the motion of Ms Suvaal: That the committee keep the following correspondence confidential:

- email from Ms Lynne Williamson, to secretariat, requesting information regarding the publication of confidential submissions to the inquiry into adoption practices in New South Wales, received 12 December 2024
- letter from Chair, to Ms Lynne Williamson, explaining the committee's decision not to publish confidential submissions to the inquiry into adoption practices in New South Wales, sent 17 December 2024
- email from Office of the Hon Kate Washington MP, Minister for Families and Communities and Minister for Disability Inclusion, to secretariat, forwarding correspondence from Ms Lynne Williamson

requesting a meeting to discuss publication of confidential submission to the inquiry into adoption practices in New South Wales, received 8 January 2025

- email from Ms Laura Sparkes, Producer, 60 Minutes, to secretariat, on behalf of Lily Adams/Lily Arthur requesting access to documents to the inquiry into adoption practices in New South Wales, received 13 January 2025
- email from Ms Lily Arthur, CEO, Origins Supporting People Separated by Adoption Inc, to secretariat, requesting access to documents to the inquiry into adoption practices in New South Wales, received 14 January 2025.

Resolved on the motion of Mr Nanva: That the committee authorise the publication of the correspondence from Dr Rosanne Freak-Poli, Senior Research Fellow, Monash University, received 17 December 2024, and an amendment to the transcript of 15 November 2024 to reflect what was actually said but not captured in the transcript due to an audio malfunction. Amendment to be inserted on page 49 – replacing '[audio malfunction]' with 'once or many times in that 12-week intervention period in terms of loneliness, wellbeing and quality of life'.

Resolved on the motion of Mr Nanva: That the committee authorise the publication of the correspondence from Dr Prasheela Karan, Senior Policy Officer and Team Coordinator, Mental Health, Carers NSW, and authorise the insertion of a footnote at the relevant point in the transcript of 12 December 2024 to note the clarification that the correct year, on page 58, is '2017'.

Resolved on the motion of Mr Nanva: That the committee authorise the publication of correspondence from Professor Michelle Lim, Chief Executive Officer, Ending Loneliness Together and Associate Professor, Prevention Research Collaboration, received 3 December 2024, requesting a transcript correction, 15 November hearing, for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales.

4. Inquiry into the impacts of harmful pornography on mental, emotional and physical health

4.1 Submissions

The committee noted the publication of submission no. 40.

4.2 Inquiry activities – date and format for *in camera* roundtables with young people and adults

Resolved on the motion of Mr D'Adam: That committee conduct the following activities for the inquiry:

- Friday 21 February 2025 – hearing
- Monday 24 March 2025 – hearing and *in camera* roundtable(s) with young people
- Friday 28 March 2025 – reserve hearing.

5. Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

5.1 Public submissions

The committee noted the publication of submission nos. 13a and 146.

5.2 Answers to questions on notice and supplementary questions

The committee noted the publication of the following answers to questions on notice and supplementary questions:

- answers to questions on notice from Professor Viviana Wuthrich, Director, Lifespan Health and Wellbeing Research Centre, Macquarie University, received 20 December 2024
- answers to questions on notice from Dr Tadgh McMahon, Head of Research and Policy, SSI, received 9 January 2025
- answers to questions on notice from Dr Prasheela Karan, Senior Policy Officer and Team Coordinator, Mental Health Carers NSW, received 9 January 2025
- answers to questions on notice from Ms Joan Hughes, Chair, NSW Ministerial Advisory Council on Ageing, received 10 January 2025

- answers to questions on notice and additional information from Mrs Cassandra Gray, Chief Operating Officer, Mentoring Men and Mr Mark Henderson, Research Consultant, Mentoring Men, received 10 January 2025
- answers to questions on notice from Ms Emma Maiden, General Manager Advocacy and External Relations, Uniting NSW.ACT and Ms Clare Lawrence, Principal Policy Officer, Uniting NSW.ACT, received 13 January 2025
- answers to questions on notice and additional information from Ms Jennifer Black, Commissioner, Mental Health Commission of New South Wales and Ms Deborah Howe, Acting Director System Reform, Mental Health Commission of New South Wales, received 15 January 2025
- answers to questions on notice from Ms Danica Leys, Chief Executive Officer, Country Women's Association of NSW, and Mr Andrew Connolly, Policy Manager, Country Women's Association of NSW, received 15 January 2025
- answers to questions on notice from Mr Anthony Shannon, Director Early Intervention & Inclusion, NSW, Department of Communities & Justice, received 15 January 2025
- answers to questions on notice and supplementary questions from Dr Murray Wright PSM, NSW Chief Psychiatrist, NSW Ministry of Health, received 20 January 2025
- answers to questions on notice from Ms Zoë Robinson and Miss Maddison Elwine-Wilson, Office of the Advocate of Children and Young People, received 22 January 2025.

Resolved on the motion of Mrs Maclaren Jones: That the committee authorise the publication of answers to questions on notice provided by the following witness:

- Mr Andrew Johnson, Acting CEO, Youth Action, received 5 February 2025.

5.3 Tendered documents (15 November 2024 hearing)

Resolved on the motion of Mr D'Adam: That the committee accept and publish the following document tendered by Professor Viviana Wuthrich during the public hearing on 15 November 2024:

- Macquarie University, Lifespan, Health and Research Centre, 'Statement: Practical strategies and recommendations'.

5.4 *In camera* hearing

Resolved on the motion of Mr D'Adam: That the committee proceed to take evidence from witnesses from a named organisation *in camera*.

Mr Nanva left the meeting.

Ms Suvaal left the meeting.

The committee proceeded to take *in camera* evidence.

Persons present other than the committee: Merrin Thompson, Teneale Houghton, Alice Wood, Glenn Hill, Reeti Pandharipande, Patrick Vasquez, Craig Giles and Hansard Reporters.

Witnesses were admitted.

The Chair made an opening statement regarding the proceedings and other matters,

The following witnesses were sworn and examined:

- Witness A
- Witness B.

The evidence concluded and the witnesses withdrew.

5.5 Public hearing

Resolved, on the motion of Mrs Maclaren-Jones: That the hearing resume in public.

Witnesses, the public and the media were admitted at 9.47 am.

The Chair made an opening statement regarding parliamentary privilege and other matters.

The following witnesses were sworn and examined:

- Professor Sharon Lawn, Executive Director, Lived Experience Australia
- Mr John Milham, NSW State Advisory Coordinator, Lived Experience Australia.

Professor Lawn tendered the following documents:

- Lived Experience Australia, 'Understanding loneliness and mental health'
- Sharon Lawn, 'First Person Account on Loneliness' (2019) *Schizophrenia Bulletin* 46(5), p 1036.

Mrs Maclaren-Jones left the meeting.

The evidence concluded and the witnesses withdrew.

Declaration of interest: Mr D'Adam advised that he knows the witness, Mr Chris Siorokos, in a personal capacity.

The following witnesses were sworn and examined:

- Dr Anna Brooks, Chief Research Officer, Lifeline Australia
- Mr Chris Siorokos, Executive Director, Government and Stakeholder Relations, Lifeline Australia.

The evidence concluded and the witnesses withdrew.

Mr D'Adam left the meeting.

Ms Suvaal rejoined the meeting.

Mrs Maclaren-Jones rejoined the meeting.

The following witnesses were sworn and examined:

- Mr Paul Dolby, Founder, SPOKE International
- Mr Phil McAuliffe, Founder, Humans:Connecting
- Mr Johnathon Lawless, Investment Manager, Humans:Connecting.

The evidence concluded and witnesses withdrew.

The following witness was sworn and examined:

- Associate Professor JR Baker, Chair, Australian Social Prescribing Institute of Research and Education.

Professor Baker tendered the following document:

- ASPIRE, 'Strengthening Civic Health & Social Connection: Immediate Actions for NSW'

The evidence concluded and the witness withdrew.

The following witnesses were sworn and examined.

Mr Nanva rejoined the meeting.

- Ms Jenny Kirschner, Pharmacist and Founder, Pharmacy Addressing Loneliness and Social-isolation
- Ms Lily Pham, NSW Vice President, Pharmaceutical Society of Australia
- Ms Amanda Fairjones, NSW State Manager, Pharmaceutical Society of Australia
- Adjunct Associate Professor Leanne Boase, CEO, Australian College of Nurse Practitioners (via videoconference)
- Mrs Rebecca Sedgman, Policy Advisor, Australian College of Nurse Practitioners (via videoconference).

Ms Kirschner tendered the following documents:

- Pharmaceutical Society of Australia and Pharmacy Addressing Loneliness and Social-isolation 'Pharmacist training on loneliness'

Mr Nanva left the meeting.

Dr Cohn tabled the following document:

- Thomas Astell-Burt, Terry Hartig, Simon Eckerkmann, Mark Nieuwenhuijsen, Anne McMunn, Howard Frumkin and Xiaoqi Feng, 'More green, less lonely? A longitudinal cohort study' (2022) *International Journal of Epidemiology*, p 99-110.

The evidence concluded and the witnesses withdrew.

5.6 Tabled document

Resolved, on the motion of Mr Martin: That the committee accept and publish the following document tabled during the public hearing by Dr Cohn:

- Thomas Astell-Burt, Terry Hartig, Simon Eckerkmann, Mark Nieuwenhuijsen, Anne McMunn, Howard Frumkin and Xiaoqi Feng, 'More green, less lonely? A longitudinal cohort study' (2022) *International Journal of Epidemiology*, p 99-110.

Mr Nanva left the meeting.

Ms Suvaal left the meeting.

Mr D'Adam rejoined the meeting.

5.7 Public hearing (continued)

The following witnesses were sworn and examined:

- Mr Can Yasmut, Executive Officer, Local Community Services Association
- Ms Maddy Williams, Policy and Research Manager, Local Community Services Association
- Ms Natalie Meyer, Manager, Nimbin Neighbourhood and Information Centre
- Mr Joel Orchard, Chief Research Officer, Wardell Core Inc.

Ms Williams tendered the following documents:

- Local Community Services Association, Supplementary information to the submission made by LCSA to the inquiry into the prevalence, causes and impacts of loneliness in New South Wales.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Sarah Mathews, CEO, Little Big Foundation
- Ms Holly Reynolds, Board Member, Little Big Foundation
- Professor Xiaoqi Feng Professor of Urban Health and Environment in the UNSW School of Population Health, and Founding Co-Director of the Population Wellbeing and Environment Research Lab
- Professor Thomas Astell-Burt, Professor of Cities and Planetary Health in the University of Sydney School of Architecture, Design and Planning, and Founding Co-Director of the Population Wellbeing and Environment Research Lab.

Mr Martin left the meeting

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Jessica Taylor, FoundoBlue Program Supervisor, The Construction Industry Drugs and Alcohol Foundation,
- Mr Alex Kalliris, Program and Clinical Manager, The Construction Industry Drugs and Alcohol Foundation
- Mr Robert Taylor, Manager, Alcohol and Drug Foundation (via videoconference)
- Ms Chloe Bernard, Senior Policy Officer, Alcohol and Drug Foundation (via videoconference)
- Dr Marlee Bower, Senior Research Fellow, The Matilda Centre, University of Sydney.

Dr Cohn left the meeting

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Scientia Professor Jill Bennett, Director, University of New South Wales, Big Anxiety Research Centre
- Dr Gail Kenning, Senior Research Fellow, University of New South Wales, Big Anxiety Research Centre
- Ms Gwenda Darling, Member, Aged Care Council of Elders.

The evidence concluded and the witnesses withdrew.

The public hearing concluded at 4.48 pm. The public and the media withdrew.

6. Publication of *in camera* transcript of evidence

Resolved, on the motion of Mrs Maclaren-Jones: That the committee authorise the publication of the transcript of *in camera* evidence given on 6 February 2025, with the exception of identifying information, which is to remain confidential.

7. *Tendered* documents

Resolved, on the motion of Mr D'Adam: That the committee accept and publish the following documents tendered during the public hearing:

- Lived Experience Australia, 'Understanding loneliness and mental health', tendered by Professor Lawn
- Sharon Lawn, 'First Person Account on Loneliness' (2019) *Schizophrenia Bulletin* 46(5), p 1036, tendered by Professor Lawn
- ASPIRE, 'Strengthening Civic Health & Social Connection: Immediate Actions for NSW', tendered by Professor Baker
- Pharmaceutical Society of Australia and Pharmacy Addressing Loneliness and Social-isolation 'Pharmacist training on loneliness', tendered by Ms Kirschner
- Local Community Services Association (LCSA), Executive Officer, 'Supplementary information to the submission made by LCSA to the inquiry into the prevalence, causes and impacts of loneliness in New South Wales', tendered by Ms Williams.

8. *Correspondence*

Resolved on the motion of Mr D'Adam: That the committee keep the following correspondence confidential: Email from secretariat to Ms Laura Sparkes, 60 Minutes, responding to request on behalf of Ms Lily James/Lily Arthur requesting access to documents to the inquiry into adoption practices in New South Wales, sent 13 January 2025.

9. *Adjournment*

The committee adjourned at 4.52 pm, until Friday 7 February 2025.

Teneale Houghton
Committee Clerk

Draft minutes no. 17

Friday 7 February 2025, 10.20 am
Standing Committee on Social Issues
Orange Ex-Services' Club, Orange, NSW

1. Members present

Dr Kaene, Chair
Mr Barrett
Mr D'Adam (via videoconference) (until 11.23 am and from 2.00 pm until 2.20 pm)
Mr Martin (via videoconference) (until 11.23 am)
Mr Nanva

Ms Suvaal (via videoconference) (until 10.30 am)

2. Apologies

Mrs Maclaren-Jones

Dr Cohn

3. Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

3.1 Public roundtable

Participants, the public and the media were admitted.

The Chair made an opening statement regarding parliamentary privilege and other matters.

A discussion was opened with the following roundtable participants:

- Ms Jackie Lanigan, Community Engagement/Migrant Support, Bathurst Neighbourhood Centre
- Ms Fran Stead, CEO, Cowra Information and Neighbourhood Centre
- Ms Karen Pearson, Compliance Officer, Cowra Information and Neighbourhood Centre
- Ms Dianne Scott, Executive Officer, Parkes Neighbourhood Central
- Mrs Mavis Moon, Community Member, Parkes Neighbourhood Central
- Mrs Lyn Pengilly, Community Member, Parkes Neighbourhood Central
- Mr Can Yasmut, Executive Officer, Local Community Services Association.

The evidence concluded and the participants withdrew.

3.2 Public hearing

The following witnesses were sworn and examined:

- Ms Stephanie Robinson, CEO, Lifeline Central West
- Ms Zoe Evans, General Manager, NSW, Wellways
- Ms Denise Watmore, Regional Manager, Western NSW, Wellways
- Mr Andrew James Greig LEUT, RAN (Ret.), Coordinator, Bellum Est (formerly Western PTSD Support).

Mr Greig tendered the following document:

- 'Proposal: A Business Connect-Style Model for NFPs & Community Groups'.

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined:

- Mrs Helen Miller, General Manager – In Home Support Services, Live Better.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined:

- Ms Josie Howard, Director Regional Workforce, Policy Reform and Evidence – Department of Primary Industries and Regional Development.

The evidence concluded and the witness withdrew.

The following witnesses were sworn and examined:

- Ms Monica Barone, Chief Executive Officer, City of Sydney (via videoconference)
- Ms Shannon Carruth, Manager Inclusive and Creative Communities, Tweed Shire Council (via videoconference)
- Ms Melissa Lindeberg, Community Development Officer Social Planning, Tweed Shire Council (via videoconference).

The evidence concluded and the witnesses withdrew.

3.3 Public roundtable

A discussion was opened with the following roundtable participants:

- Ms Helen James, Country Women's Association of NSW, Orange Branch
- Ms Glenda Gavin, Vice President, Central Western Group, Country Women's Association of NSW
- Ms Heather Whigham Reid, Cooperative Member, The Rural Woman Cooperative
- Ms Anne-Maree Davis, Vice President / Secretary, Orange Evening VIEW Club
- Ms Michelle Holland, Assistant Treasurer, Orange Evening VIEW Club
- Ms Beth Gow, Shed Support NSW/ACT, Australian Men's Shed Association
- Mr Peter Douglas, Member Borenore Nashdale Community Shed, Australian Men's Shed Association.

The evidence concluded and the participants withdrew.

The public roundtable concluded at 4.00 pm.

The public and the media withdrew.

3.4 Tendered documents

Resolved on the motion of Mr Nanva: That the committee accept and publish the following documents tendered by Mr Greig during the hearing:

- 'Proposal: A Business Connect-Style Model for NFPs & Community Groups'.

3.5 Transcript redactions – sensitive information

Resolved on the motion of Mr Barrett: That the committee redact sensitive information shared by a roundtable participant concerning a third party.

4. Adjournment

The committee adjourned at 4.12 pm, *sine die*.

Teneale Houghton
Committee Clerk

Draft minutes no. 18

Monday, 24 March 2025

Standing Committee on Social Issues

Jubilee Room, Parliament House, Sydney at 9.46 am

1. Members present

Dr Kaine, *Chair*

Mrs Carter (substituting for Mrs Merton for the duration of the inquiry)

Dr Cohn

Mr D'Adam (via videoconference)

Mr Fang (substituting for Mrs Mitchell)

Mr Martin

2. Apologies

Ms Suvaal

Mr Nanva

3. Previous minutes

Resolved, on the motion of Dr Cohn: The draft minutes 16 and 17 be confirmed.

4. Election of Deputy Chair

The Chair called for nominations for Deputy Chair.

Dr Cohn moved: That Mrs Carter be elected Deputy Chair of the committee for today's meeting only.

There being no further nominations, the Chair declared Mrs Carter elected Deputy Chair for the meeting on 24 March 2025.

5. Correspondence

The committee noted the following items of correspondence:

Received

- 11 February 2025 – Email from Ms Alanna Harper, Manager, Strategic Policy and Tech Futures, eSafety Commissioner, to secretariat, declining an invitation to appear at the hearing of the inquiry into the impacts of harmful pornography on 21 February 2025 due to previous commitments but offering to provide responses to written questions
- 11 February 2025 – Email from Ms Amy Watson, Senior Project Officer, Australia's National Research Organisation for Women's Safety (ANROWS), to secretariat, declining an invitation to appear at a hearing of the inquiry into the impacts of harmful pornography
- 12 February 2025 – Email from Dr Lucy Watson, ACON, to secretariat, advising they are unable to appear at a hearing of the inquiry into the impacts of harmful pornography and deferring to the expertise of SWOP and the Scarlet Alliance, with whom they consulted when writing their submission
- 12 February 2025 – Email from Ms Susan Humphries, Manager, Engagement and Awareness, Office of the Women's Safety Commissioner, to secretariat, advising that Dr Tonkin, NSW Women's Safety Commissioner is unable appear at the hearing of the inquiry into the impacts of harmful pornography on 21 February but is available on 24 March 2025
- 14 February 2025 – Email from Dr Hannah Tonkin, NSW Women's Safety Commissioner, to secretariat, advising that she is unable to appear on 21 February for the inquiry into the impacts of harmful pornography and requesting that she appear at the hearing on 24 March alongside the Advocate for Children and Young People and Chanel Contos of Teach Us Consent
- 14 February 2025 – Email from Miss Darcy Deviant, of the Sex Workers Outreach Project, advising that she will be appearing under her professional, not her legal name, at the hearing on 21 February 2025 for the inquiry into the impacts of harmful pornography
- 20 February 2025 – Email from Mr Joshua Rowe, CEO, Australian Christian Lobby, to secretariat inquiring if his organisation will appear as a witness at the second hearing of the inquiry into the effects of harmful pornography
- 20 February 2025 – Email from Mr Chris Hope, Chief Barista, 100 Coffee Movement and Research Student, University of Cambridge, to committee members, providing a summary of his research findings on migrant loneliness, for consideration in the inquiry into the prevalence, causes and impact of loneliness in New South Wales
- 24 February 2025 – Email from Professor Alan McKee, University of Sydney, to secretariat, advising he is unable to attend the rescheduled hearing for the pornography inquiry on 24 March
- 24 - 26 February 2025 – Email conversation between Ms Melinda Tankard Reist, Director, Collective Shout, and secretariat, advising she is unable to attend the rescheduled hearing on 19 May and won't send an alternative representative for the pornography inquiry on 19 May 2025
- 28 February 2025 – Email from Ms Nicola Palfrey, Head of Clinical Practice, headspace, to the secretariat, advising they will not be appearing at the hearing on 24 March 2025
- 12 February to 3 March 2025 – Email conversation between Ms Rachel Moody, Senior Research Officer, Australian Institute of Family Studies (AIFS), to secretariat, advising that their organisation has not been given permission by the Australian Government Department of Infrastructure, Transport, Regional Development, Communications and the Arts to provide a submission or appear at a hearing of the inquiry into the impacts of harmful pornography
- 4 March 2025 – Email from Ms Josie Howard, Director Regional Workforce, Policy Reform and Evidence, Department of Primary Industries and Regional Development, requesting correction to transcript of the hearing of the inquiry into the prevalence, causes and impact of loneliness in New South Wales on 7 February 2025.

Sent

- 17 February 2025 – Letter from Chair, to Ms Abu-Gazaleh, Managing Director, Top Blokes Foundation, concerning the proposed arrangements for the private roundtables with young people and seeking further assistance and advice, and enclosing a flyer advertising the private roundtables for young people
- 17 February 2025 – Letter from Chair, to Ms Robinson, Advocate for Children and Young People, concerning the proposed arrangements for the private roundtables with young people and seeking further assistance and advice, and enclosing a flyer advertising the private roundtables for young people
- 17 February 2025 – Letter from Chair, to Ms Tankard Reist, Director, Collective Shout, thanking her for her advice regarding the roundtables with young people and advising she will be invited to the hearing on 24 March.

Resolved, on the motion of Mr D'Adam: That the committee authorise the publication of the correspondence from Ms Josie Howard, Director Regional Workforce, Policy Reform and Evidence, Department of Primary Industries and Regional Development, and authorise the insertion of a footnote at the relevant point in the transcript of 7 February 2025 to note the clarification concerning the location of RDA Orana's Local Connectors, on page 27, to clarify that 'there is no Local Connector in Mudgee'.

6. Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

6.1 Report deliberative date

The committee noted that it agreed via email that the report deliberative will be held on Monday 12 May 2025.

6.2 Public submissions

The committee noted that submission nos. 62a and 87a were published by the committee clerk under the authorisation of the resolution appointing the committee.

6.3 Tendered documents (6 February hearing)

Resolved, on the motion of Mr D'Adam: That the committee accept and publish the following document tendered by Associate Professor JR Baker during the public hearing on 6 February 2025:

- Australian Social Prescribing Institute of Research and Education (ASPIRE), Opening statement.

6.4 Answers to questions on notice and supplementary questions

The following answers to questions on notice and additional information were published under the resolution appointing the committee:

- additional information from Ms Jennifer Black, Commissioner, Mental Health Commission of NSW
- answers to questions on notice from Dr Marlee Bower, Senior Research Fellow, The Matilda Centre, University of Sydney
- answers to questions on notice from Dr Anna Brooks, Chief Research Officer, and Mr Chris Siorokos, Executive Director, Lifeline Australia
- answers to questions on notice and additional information from Ms Jenny Kirschner, Pharmacist and Founder, Pharmacy Addressing Loneliness and Social-isolation (PALS)
- answers to questions on notice from Ms Josie Howard, Director Regional Workforce, Policy Reform and Evidence, Department of Primary Industries and Regional Development
- answers to questions on notice from Ms Chloe Bernard, Senior Policy Officer, and Mr Robert Taylor, Manager, Alcohol and Drug Foundation
- answers to questions on notice from Mrs Rebecca Sedgman, Policy Advisor, and Professor Leanne Boase, CEO, Australian College of Nurse Practitioners
- answers to questions on notice from Ms Jessica Taylor, FoundoBlue Program Supervisor and Mr Alex Kalliris, Program and Clinical Manager, The Construction Industry Drugs and Alcohol Foundation
- answers to questions on notice and additional information from A/Professor JR Baker, Chair, Australian Social Prescribing Institute of Research & Education (ASPIRE)

- answers to questions on notice from Ms Amanda Fairjones NSW, State Manager, and Ms Lily Pham NSW, Vice President, Pharmaceutical Society of Australia (PSA)
- answers to supplementary questions from Ms Maddy Williams, Policy and Research Manager, and Mr Can Yasmut, Executive Officer, Local Community Services Association (LSCA)
- answer to questions on notice from Professor Thomas Astell-Burt and Professor Xiaoqi Feng, Founding Co-Directors, Population Wellbeing and Environment Research Lab (PowerLab),
- answers to questions on notice from Ms Sarah Mathews, CEO, and Ms Holly Reynolds, Board Member, Little Big Foundation.

7. Inquiry into the impacts of harmful pornography on mental, emotional and physical health

7.1 Cancelled hearing on Friday, 21 February 2025

The committee noted that it agreed via email to cancel the hearing on 21 February 2025.

7.2 Second hearing on Monday, 19 May 2025

The committee noted that it agreed via email to hold a second hearing and private roundtables on 19 May 2025.

7.3 Overview of arrangements for the private roundtables on 19 May

Committee was briefed on the arrangements for the private roundtables with young people, including that the:

- Office of the Advocate for Children and Young People and Top Blokes will seek expressions of interest on the committee's behalf, and will also seek parental consent for participants under 18 years
- format of the roundtables (eg male/female/LGBTQ or age differentiated) will be decided following the receipt of expressions of interest
- committee will take various measures to ensure participants feel safe to speak freely, including offering a zoom session with the chair the week before, booking a break out room for participants to talk to members before the roundtables, and allowing representatives of Top Blokes and the Office of the Advocate for Children and Young People to be present to make participants feel at ease
- chair will facilitate the session as usual, rather than engaging an independent facilitator
- number of members asking questions may be limited, to not overwhelm attendees
- roundtables are being held in the afternoon/evening and will finish by 7.00 pm to accommodate young people who work
- preference is for parents of participants under 18 to wait outside the roundtables.

Resolved, on the motion of Dr Cohn: That for the private roundtables with young people, the committee:

- pay travel costs for attendees, including parents/guardians for participants under 18 years
- engage a psychologist to support attendees, and request they be responsible for any mandatory reporting
- invite participation from LGBTIQ+ young people
- investigate alternatives to the Jubilee Room and liaise with Hansard on whether transcription is possible
- consider conducting a regional visit if a large number of expressions of interest are received from a particular region.

7.4 Appearance of a witness under their professional name

Resolved, on the motion of Dr Cohn: That the committee authorise Miss Darcy Deviant of the Sex Workers Outreach Project to give unsworn evidence to the committee under her professional name due to the sensitive nature of her work and to protect her privacy.

7.5 Public submissions

The committee noted that submissions nos. 4, 41-49, 51-56, 64, 67, 68, 74, 75, 77-79 were published by the Committee Clerk under the resolution appointing the committee.

7.6 Partially confidential submissions

Resolved, on the motion of Mr Fang:

- That the committee keep the following information confidential, as per the request of the author: names in submissions nos. 57-59, 61-63, 65, 69-73, 76.
- That the committee keep the following information confidential, as per the request of the author: the surname in submission no. 60.

7.7 Confidential submissions

Resolved, on the motion of Mr Fang:

- That the committee keep submission no. 50 and 66 confidential, as per the request of the authors as they contains identifying and/or sensitive information.

7.8 Subcommittee

Resolved, on the motion of Dr Cohn: That the committee appoint a subcommittee consisting of Dr Kaine and Mrs Carter in the event that quorum is lost in today's hearing.

7.9 Public hearing

Resolved, on the motion of Mrs Carter: That the allocation of questions to be asked at the hearing be left in the hands of the Chair.

Witnesses, the public and the media were admitted.

The Chair made an opening statement.

The following witnesses were sworn and examined:

- Dr Paul Cahill Executive Director, Curriculum, NSW Education Standards Authority
- Ms Megan Kelly, Executive Director, Curriculum and Reform, NSW Department of Education.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Associate Professor Megan Lim, Head of Young People's Health Research, Burnet Institute
- Ms Giselle Woodley, Researcher, Edith Cowan University, School of Arts and Humanities
- Professor Lelia Green, Professor of Communications, Edith Cowan University, School of Arts and Humanities.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Dr Marshall Ballantine-Jones, Secretary, NSW Council of Churches
- Mrs Julie Karaki, Director, Shia Muslim Council
- Dr Deirdre Little, National Bioethics Convener, Catholic Women's League Australia Incorporated, for Catholic Women's League – NSW.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Alice Dolin, Researcher, National Youth Officer, NAPCAN (National Association for Prevention of Child Abuse and Neglect)
- Ms Paris McMahon, National Youth Officer, NAPCAN
- Ms Renata Field, Policy Manager, Our Watch
- Dr Emma Partridge, Special Advisor, Our Watch.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Melissa Abu-Gazaleh, Managing Director, Top Blokes
- Mr Daniel Allars, NSW State Manager, Top Blokes

- Ms Lauren Stracey, CEO, Youth Action
- Miss Veronica Gordon, Youth Participation and Sector Development, Youth Action
- Ms Melinda Tankard Reist, Movement Director, Collective Shout

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Gemma Quinn, Chief Executive Officer, P&C Federation
- Mr Patrick Doumani, Member Support and Research Officer, P&C Federation
- Ms Anne Fehon, Chair, Council of Catholic School Parents
- Mrs Catherine Garrett-Jones, Executive Director, Council of Catholic School Parents.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Mr Graeme Dunne, General Manager, Eros Association
- Dr Sean Mulcahy, Policy Advisor, Eros Association
- Mx Mish Pony, CEO, Scarlet Alliance, Australian Sex Workers Association

The following witness was examined without being sworn as they were appearing under their professional name:

- Miss Darcy Deviant, Policy Officer, Sex Workers Outreach Project (SWOP) NSW

The evidence concluded and the witnesses withdrew.

The public hearing concluded at 4.04 pm . The public and the media withdrew.

Resolved, on the motion of Mrs Carter: That the committee accept and publish the following documents tendered during the public hearing:

- 'The gist', tendered by Professor Megan Lim, the Burnet Institute
- Submission summary, tendered by Melissa Abu-Gazaleh, Top Blokes

8. Adjournment

The committee adjourned at 4.07 pm until 12 May for the report deliberative meeting of the inquiry into the prevalence, causes and impacts of loneliness in New South Wales.

Sarah Newlands
Committee Clerk

Draft minutes no. 19

Monday, 19 May 2025
Standing Committee on Social Issues
Jubilee Room, Parliament House, Sydney, 9.02 am

1. Members present

Dr Kaine, *Chair*
Mrs Mitchell, *Deputy Chair (via videoconference)*
Mrs Carter
Dr Cohn
Mr D'Adam (*via videoconference*)
Mr Martin
Mr Nanva (*via videoconference*)
Ms Suvaal (*via videoconference*)

2. Previous minutes

Resolved, on the motion of Mrs Carter: That draft minutes no. 18 be confirmed.

3. Correspondence

The committee noted the following items of correspondence:

Received

- 31 March 2025 – Email from Executive, Coalition against trafficking women in Australia (CATWA), to secretariat, seeking to participate in a hearing of the inquiry into the impacts of harmful pornography
- 10 April 2025, Email from Professor McKee, University of Sydney, to secretariat, advising he is unavailable to appear at the hearing on the impacts of harmful pornography on 19 May
- 10 April 2025, Letter from Julie Inman Grant, eSafety Commissioner, to Chair, regarding inaccuracies in evidence provided to the inquiry into the effects of harmful pornography
- 15 April 2025 – Email from Mr Phil McAuliffe, Founder, Humans:Connecting, sharing additional information for the committee to consider as part of its inquiry into the prevalence, causes and impacts of loneliness in New South Wales
- 7 May 2025 – Email from Anya Mitchell, from Closer Communications, on behalf of Human Mobile Devices, describing their recent research and technology they have developed to protect children online and seeking a meeting with the committee
- 9 May 2025 – Email from Ms Keely McNally, Grad Club coordinator and Youth Worker, Top Blokes, providing communication tips for members for the *in camera* roundtables with young people for the inquiry into the impacts of harmful pornography
- 9 May 2025 – Email from Ms Josephine Ivancsik, Senior Participation Advisor, Office of the Advocate for Children and Young People, providing communication tips for members for the *in camera* roundtables with young people for the inquiry into the impacts of harmful pornography
- 13 May 2025 – Email from Mr Simon McMillan, individual, inquiring as to whether New South Wales intends to initiate an inquiry similar to one being conducted by the Legislative Assembly in Victoria, regarding the recruitment methods and impacts of cults and organised fringe groups.

Resolved, on the motion of Mrs Carter: That the committee authorise the publication of correspondence from:

- Julie Inman Grant, eSafety Commissioner, regarding inaccuracies in evidence to the inquiry into the impacts of harmful pornography on mental, emotional and physical health, dated 7 April 2025
- Mr Phil McAuliffe, Founder, Humans:Connecting, sharing additional information for the committee to consider as part of its inquiry into the prevalence, causes and impacts of loneliness in New South Wales, dated 15 April 2025.

4. Inquiry into the prevalence, causes and impacts of loneliness in New South Wales**4.1 Report deliberative**

The committee noted that that it agreed via email that the report deliberative be held on Wednesday 23 July 2025 at 10.00 am.

5. Inquiry into the impacts of harmful pornography on mental, emotional and physical health**5.1 Public submissions**

Resolved, on the motion of Mrs Carter: That the committee authorise the publication of submission no. 80.

5.2 Report of the online questionnaire

The committee discussed the merits of engaging an external expert to analyse the 1,600 free text responses to the online questionnaire.

Resolved, on the motion of Mrs Carter: That:

- the committee engage Dr Shanthi Robertson, Managing Director of The Insights Centre for the purpose of preparing a report on responses to the online questionnaire

- the committee authorise the Parliamentary Research Service to contract the expert at a cost of \$22,480, to be funded by the budget of the Parliamentary Research Service.

5.3 Public hearing

Resolved, on the motion of Mrs Carter: That the allocation of questions to be asked at the hearing be left in the hands of the Chair.

Witnesses, the public and the media were admitted.

The Chair made an opening statement.

The following witnesses were sworn and examined:

- Dr Hannah Tonkin, NSW Women's Safety Commissioner
- Ms Zoë Robinson, Advocate for Children and Young People
- Ms Chanel Contos, CEO and Founder, Teach Us Consent

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Adjunct Professor Dale Tolliday, Senior Clinical Advisor, Children and Young people's Sexual Safety, NSW Ministry of Health and The Sydney Children's Hospitals Network
- Mr Mark Follett, Executive Director, Executive Director, Policy, Reform and Legislation, Law Reform and Legal Services Division, NSW Department of Communities and Justice
- Ms Jennifer Quincey, Executive Director, Women Family and Community Safety, Strategy, Policy and Commissioning, NSW Department of Communities and Justice.

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined:

- Professor Michael Salter, Director, Childlight.

The evidence concluded and the witness withdrew.

The following witnesses were sworn and examined:

- Ms Lourdes Mejia, Principal, Montgrove College; Chair of Student Wellbeing and Learning Committee, Association of Heads of Independent Schools Australia (NSW)
- Ms Rebecca Butterworth, Principal, Hunter Valley Grammar School; Association of Heads of Independent Schools Australia (NSW)
- Mrs Lorrae Sampson, Principal, Nowra Anglican College; Association of Heads of Independent Schools Australia (NSW).

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Kristy Turnbull, Practice Specialist – Relationship and Sexuality Education, Interrelate
- Ms Stefanie Kendall, Senior Educator, Interrelate
- Ms Maree Crabbe, Co-founder and Director, It's time we talked
- Mr Matt Tyler, Executive Director, Community and Systems Impact and Director, The Men's Project, Jesuit Social Services
- Ms Georgia Naldrett, Manager, Stop It Now! Jesuit Social Services
- Ms Nicola Palfrey, Head of Clinical Practice, Headspace.

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined:

- Mr Iain Corby, Executive Director, The Age Verification Providers Association.

The evidence concluded and the witness withdrew.

The public hearing concluded at 2.15 pm. The public and the media withdrew.

5.4 *In camera* roundtables with young people

Resolved, on the motion of Mrs Carter:

- That the allocation of questions be left in the hands of the Chair
- That the committee meet *in camera* with participants
- That a confidential transcript will be produced
- That the committee authorise the participants to give unsworn evidence to the committee, using their first names only, due to their age, and because of the sensitive nature of the inquiry.
- That the chair write to each participant, thanking them for participating in the roundtable and contributing to the inquiry
- That the chair write to the Advocate for Children and Young People, the CEO of Top Blokes and the CEO of Twenty10, thanking them for their assistance with the roundtables.

The committee proceeded to take *in camera* evidence.

Persons present other than the committee: Sarah Newlands, Madeleine Foley, Kate Graham (counsellor, Raise Foundation); Hansard Reporters, AV operator.

Eleven witnesses, nominated by the OACYP and Twenty10 were engaged in discussion with the committee:

The evidence concluded and the witnesses withdrew.

Eleven witnesses nominated by Top Blokes were engaged in discussion with the committee:

The evidence concluded and the witnesses withdrew.

The *in camera* hearing concluded at 6.17 pm

6. Adjournment

The committee adjourned at 6.17 pm until Wednesday 23 July 2025 for the report deliberative meeting of the inquiry into the prevalence, causes and impacts of loneliness in New South Wales.

Sarah Newlands
Committee Clerk

Draft minutes no. 20

Wednesday 23 July 2025

Standing Committee on Social Issues

Room 813A, Parliament House Sydney at 10.02 am

1. Members present

Dr Kaine, *Chair*

Mrs Maclaren-Jones, *Deputy Chair*

Mr Barrett

Dr Cohn

Mr D'Adam

Mr Nanva

Ms Suvaal

2. Apologies

Mr Martin

3. Previous minutes

Resolved, on the motion Ms Suvaal: That draft minutes no. 19 be confirmed.

4. Correspondence

The committee noted the following items of correspondence:

Received

- 28 April 2025 – Email from Ms Melinda Tankard Reist, Collective Shout, providing a correction to her evidence provided at the hearing on impacts of harmful pornography on 24 March 2025
- 30 April 2025 – Email from Dr Dierdre Little, Catholic Women's League, to the secretariat, providing additional information regarding her evidence at the hearing on impacts of harmful pornography on 24 March 2025
- 12 May 2025 – Email from Office of Kate Washington, Minister for Families and Communities and Minister for Disability Inclusion, referring correspondence from June Smith, claiming that the NSW Government has suppressed submissions into the 1998 Legislative Council inquiry adoption practices
- 19 May 2025 – Email from Ms Zoë Robinson, Advocate for Children and Young People, to the committee and secretariat, acknowledging the importance of inviting young people to participate in the inquiry into the impacts of harmful pornography
- 22 May 2025 – Email from Maree Crabbe, Director, It's time we talked, to the secretariat, providing additional information after the hearing on 19 May 2025
- 27 May 2025 – Letter from Julie Inman Grant, eSafety Commissioner, to the Chair, providing information about Safety by Design, with respect to the inquiry into the impacts of harmful pornography
- 6 June to 23 June – Emails from private roundtable participants, to the secretariat, giving permission to publish de-identified transcripts of the private roundtables on 19 May 2025
- 11 - 19 June 2025 – Email correspondence between Kate Allen, Jesuit Social Services, and the secretariat, requesting confidentiality for the Answers to Question on Notice and additional information provided by her organisation
- 11 - 18 June – Email correspondence between Laurinda Babb, individual, and the secretariat, concerning evidence from NSW Health about Sexual Assault Services, Safewayz and New Street Services
- 24 June 2026 – Text messages from private roundtable participants providing permission to publish de-identified transcripts of the private roundtables on 19 May 2025
- 16 June 2025 – Email from June Smith to secretariat, responding to the letter from the Chair explaining that the committee will not be publishing confidential submissions made to the inquiry into adoption practices in New South Wales 1998-2000.

Sent

- 4 June 2025 – Letter from Chair to Zoë Robinson, Advocate for Children and Young People, thanking her and members of her organisation for their assistance with organising the private roundtables for the inquiry into the impacts of harmful pornography
- 4 June 2025 – Letter from the Chair to Melissa Abu-Gazaleh, Managing Director and Founder, Top Blokes, thanking her and her organisation for their assistance with organising the private roundtables for the inquiry into the impacts of harmful pornography
- 4 June 2025 – Letter from the Chair to Ms Jain Moralee, CEO, Twenty10, thanking her and her organisation for their assistance with organising the private roundtables for the inquiry into the impacts of harmful pornography
- 6 June 2025 – Letter from Chair to private roundtable participants, thanking them for their contribution to the inquiry into the impacts of harmful pornography (example attached)
- 6 June 2025 – Letter from secretariat to private roundtable 1 participants, providing them with the in camera transcript, seeking permission to publish de-identified transcript, and any changes or corrections
- 6 June 2025 – Letter from secretariat to private roundtable 2 participants, providing them with the in camera transcript, seeking permission to publish de-identified transcript, and any changes or corrections
- 13 June 2025 – Letter from Chair, to June Smith, 16 June 2025 – Email from June Smith to secretariat, explaining that the committee will not be publishing the confidential submissions made to the inquiry into adoption practices in New South Wales 1998-2000

The committee noted that it agreed via email on 26 May 2025 and 26 June 2025 to publish the following items of correspondence:

- Additional information from Dr Dierdre Little, Catholic Women's League, regarding her evidence at the hearing on impacts of harmful pornography on 24 March, dated 30 April 2025
- Additional information from Maree Crabbe, Director, It's time we talked, regarding the inquiry on impacts of harmful pornography, dated 22 May 2025.

Resolved, on the motion of Mr Nanva:

- That the committee authorise the publication of correspondence from Julie Inman Grant, eSafety Commissioner, dated 27 May 2025, providing information about Safety by Design, with respect to the inquiry into the impacts of harmful pornography
- That the committee keep the correspondence to private roundtable participants thanking them for their participation in the private roundtables for the inquiry into the impacts of harmful pornography, dated 6 June, confidential, as it contains identifying and/or sensitive information.
- That the committee keep the correspondence to private roundtable participants providing them with the in camera transcript and seeking their permission to publish for the inquiry into the impacts of harmful pornography, dated 6 June, confidential, as it contains identifying and/or sensitive information
- That the committee keep the email and text correspondence from private round table participants giving permission to publish the de-identified transcript for the inquiry into the impacts of harmful pornography, confidential, as it contains identifying and/or sensitive information
- That the committee keep the email sent to in camera witnesses regarding the de-identified transcript for the inquiry into the impacts of harmful pornography, dated 27 May 2025, confidential.

Resolved, on the motion of Ms Suvaal: That, consistent with previous resolutions, the committee keep the following correspondence confidential:

- Email from Office of Kate Washington, Minister for Families and Communities and Minister for Disability Inclusion, referring correspondence from June Smith, claiming that the NSW Government has suppressed submissions into the 1998 Legislative Council inquiry adoption practices, received 12 May 2025
- Letter from Chair, to June Smith, explaining that the committee will not be publishing the confidential submissions made to the inquiry into adoption practices in New South Wales 1998-2000, sent 13 June 2025
- Email from June Smith to secretariat, responding to the letter from the Chair explaining that the committee will not be publishing confidential submissions made to the inquiry into adoption practices in New South Wales 1998-2000, received 16 June 2025.

5. Inquiry into the impacts of harmful pornography on mental, emotional and physical health

5.1 Public submissions

Committee noted that the following submission was published by the committee clerk under the authorisation of the resolution appointing the committee: submission no. 81

5.2 *In camera* roundtables on 19 May

Resolved, on the motion of Mr Nanva: That:

- extracts of the *in camera* transcripts, dated 19 May 2025, be published online where participants have expressly provided permission for publication and that these participants be anonymised in the transcript.
- the post it notes written by the participants in Roundtable 2 be kept confidential.

5.3 Answers to questions on notice and supplementary questions

Committee noted that the following answers to questions on notice and supplementary questions were published by the committee clerk under the authorisation of the resolution appointing the committee:

- answers to questions on notice from Dr Paul Cahill, Executive Director, Curriculum, NSW Education Standards Authority, received on 24 April 2025

- answers to questions on notice from Professor Lelia Greene, Professor of Communications, Edith Cowan University, School of Arts and Humanities, received 24 April 2025
- answers to questions on notice from Dr Emma Partridge, Special Adviser, Our Watch, received 24 April 2025
- answers to questions on notice from Associate Professor Megan Lim, Burnet Institute, received 28 April 2025
- answers to questions on notice from Ms Megan Kelly, Executive Director, Curriculum and Reform, NSW Department of Education, received 30 April 2025
- answers to questions on notice from Mr Graeme Dunne, General Manager, Eros Association, received 30 April 2025
- answers to questions on notice from Ms Melinda Tankard Reist, Movement Director, Collective Shout, received 2 May 2025
- answers to questions on notice from Mrs Catherine Garrett-Jones, Executive Director, Council of Catholic School Parents, received 15 May 2025
- answers to questions on notice and supplementary questions from Mr Iain Corby, Executive Director, Age Verification Association, received 16 June 2025
- answers to questions on notice from Zoe Robinson, Advocate for Children and Young People, received 16 June 2025
- answers to questions on notice from Teach Us Consent, received 16 June 2025
- answers to questions on notice from Jesuit Social Services, received 23 June 2025
- answers to questions on notice from NSW Health, received 23 June 2025
- answers to questions on notice from Jennifer Quincey, NSW Department of Communities and Justice, received 24 June 2025
- answers to supplementary questions from Top Blokes, received 30 June 2025
- answers to supplementary questions from the Office of the Advocate for Children and Young People, received 30 June 2025.

5.4 Partially confidential answers to questions on notice

Resolved, on the motion of Mrs Maclaren-Jones: That the committee keep the Worried About Sex and Pornography Project scoping study 'Development of a secondary prevention service addressing harmful sexual behaviour in children' provided in response to a question on notice, confidential, as requested by Jesuit Social Services, as it will not be publicly released until later in 2025.

5.5 Timeline for reporting

Committee noted that, as agreed via email, the report deliberative will be held on Wednesday 8 October 2025.

6. Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

6.1 Confidentiality of correspondence relating to the *in camera* hearing

Resolved, on the motion of Mrs Maclaren-Jones: That the following items of correspondence related to the *in camera* hearing on 6 February 2025 be kept confidential:

- Email from an individual requesting that a named organisation be invited to give evidence in camera for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales, dated 15 November 2024
- Email from an individual providing further information to support their request that a named organisation be invited to give evidence in camera for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales, dated 21 November 2024
- Email from an individual suggesting that the committee invite representatives from two named organisations to give evidence for the inquiry into the prevalence, causes and impacts of loneliness in New South Wales, dated 4 February 2025.

6.2 Publication of additional information

Resolved, on the motion of Mr Barrett: That the committee authorise publication of additional information received from Professor Lucy Taksa, Director Multicultural Communities Council NSW, Professor of Management, Deakin Business School and Deputy Director, Deakin Centre for Refugee Employment, Advocacy, Training and Education, provided at the conclusion of her evidence on 12 December 2024:

- Danika Adams and Lucy Taksa, 'Better use of existing land and housing can help address the housing crisis', CEDA, 9 October 2024
- Marika Franklin, Lucy Taksa and Fei Guo, 'Older Immigrants' Integration: Organisational processes and practices in the Australian context' in *Organise Immigrants Integration* (Springer Nature Switzerland AG, 2024).

6.3 Consideration of Chair's draft report

The Chair submitted her draft report entitled 'The prevalence, causes and impacts of loneliness in New South Wales', which, having been previously circulated, was taken as being read.

Chapter 1

Mr Barrett moved: That paragraph 1.15 be amended by inserting 'and community halls and sporting infrastructure' after 'parks, libraries and playgrounds'.

Question put and passed.

Chapter 2

Mr Barrett moved: That paragraph 2.100 be amended by inserting 'join a sporting or social club' after 'to attend a concert or a music festival'.

Question put and passed.

Mr Barrett moved: That Finding 1 be amended by inserting 'are proving a barrier to social connectedness and as such' after 'perceived financial hardship'.

Question put and passed.

Chapter 3

Mr Barrett moved: That Finding 3 be amended by inserting at the end: 'In a compassionate society, these impacts alone justify concerted action by government and others to address loneliness'.

Question put and passed.

Chapter 4

Mr Barrett moved: That Finding 7 be amended by inserting 'as well as participation with local sporting and social clubs' after 'and volunteering programs'.

Question put and passed.

Chapter 5

Mr Barrett moved: That Recommendation 4 be amended by:

- a) omitting 'consider, as part of its evaluation of' and inserting instead 'extend'
- b) omitting ', extending this initiative' after 'The Welcome Experience program'.

Question put and passed.

Mr Barrett moved: That paragraph 5.81 be updated to reflect the amended text of recommendation 4.

Question put and passed.

Chapter 6

Mr Barrett moved: That paragraph 6.50 be amended by inserting ', particularly in regional, rural and remote areas' after 'risk factor for loneliness'.

Question put and passed

Mr Barrett moved: That the following new paragraph be inserted after paragraph 6.57:

'Acknowledging the particular lack of public transport in regional, rural and remote areas where people were 'screaming out for better transport and more affordable transport', [FOOTNOTE: Evidence, Ms Gohar Yazdabadi, CEO, Council on the Ageing (COTA) NSW, 12 December 2024, p 47.] stakeholders promoted alternative transport access options such as the reintroduction of the Regional Seniors Travel Card as a critically important way to 'significantly improve social participation and community engagement for seniors outside metropolitan areas', particularly as people age and are forced to give up their licence. [FOOTNOTE: Evidence, Ms Joan Hughes, Chair, NSW Ministerial Advisory Council on the Ageing, 12 December 2024, p 47; Evidence, Ms Clare Lawrence, Principal Policy Officer, Uniting NSW.ACT, 12 December 2024, p 47; Submission 87a, Council on the Ageing (COTA) NSW.]'

Question put.

The committee divided.

Ayes: Mr Barrett, Dr Cohn, Mrs Maclaren-Jones.

Noes: Mr D'Adam, Dr Kaine, Mr Nanva, Ms Suvaal.

Question resolved in the negative.

Mr Barrett moved: That the following new committee comment and recommendation be inserted after recommendation 10:

'Committee comment

The lack or absence of public transport across regional, rural and remote NSW increases the risk of high levels of social isolation, particularly for elder residents. To overcome this disadvantage, alternative transport options need to be considered such as the reintroduction of the Regional Seniors Travel Card.'

'Recommendation X

That the NSW Government reintroduce the Regional Seniors Travel Card.'

Dr Cohn moved: That the motion of Mr Barrett be amended by:

- a) Omitting in the committee comment, 'such as the introduction of the regional travel card' after 'alternative transport options need to be considered'.
- b) Omitting in the recommendation, 'reintroduce the Regional Seniors Travel Card' and inserting instead 'support alternative transport options where public transport is not available or accessible, particularly in regional, rural and remote areas of New South Wales.'

Mr Nanva moved: That the amendment of Dr Cohn be amended by omitting in the recommendation 'support' before 'alternative transport options' and inserting instead 'consider'.

Amendment of Mr Nanva put.

The committee divided.

Ayes: Mr D'Adam, Dr Kaine, Mr Nanva, Ms Suvaal.

Noes: Mr Barrett, Dr Cohn, Mrs Maclaren-Jones.

Amendment of Mr Nanva resolved in the affirmative.

Amendment of Dr Cohn, as amended, put.

The committee divided.

Ayes: Mr D'Adam, Dr Kaine, Mr Nanva, Ms Suvaal.

Noes: Mr Barrett, Dr Cohn, Mrs Maclaren-Jones.

Amendment of Dr Cohn, as amended, resolved in the affirmative.

Original question of Mr Barrett, as amended, put and passed.

Mr Barrett moved: That paragraph 6.73 be amended by inserting 'These include sporting clubs, social organisations, charities and service clubs.' after 'localised programs and activities'.

Question put and passed.

Mr Barrett moved: That Recommendation 6 be amended by omitting 'review funding arrangements' and insert instead 'provide core funding'.

Dr Cohn moved: That:

- a) paragraph 6.75 be amended by omitting 'through the provision of necessary and tailored services and supports' and insert instead 'through a community development approach'
- b) Recommendation 6 be omitted: 'That the NSW Government review funding arrangements for neighbourhood and community centres to augment their ability to foster meaningful connections between community members and develop their community through tailored services and supports.' and the following new recommendation be inserted instead:

'That the NSW Government fund new and existing neighbourhood and community centres to build their capacity to address loneliness locally through separate core funding, in addition to program funding'.

Question of Dr Cohn put and passed.

The amendment of Dr Cohn having been agreed to, the amendment of Mr Barrett lapsed.

Dr Cohn moved: That:

- a) paragraph 6.78 be amended by inserting 'and active' after 'well connected to public'.
- b) Recommendation 8 be amended by inserting 'and active' before 'transport'.

Question put and passed.

Mr Barrett moved: That the following new recommendation be inserted after recommendation 7:

'Recommendation X

That the NSW Government explore opportunities to reduce financial barriers and support greater participation in local sporting and social organisations, including the potential expansion or adaptation of initiatives such as the Active and Creative Kids Vouchers.'

Mr Nanva moved: That the motion of Mr Barrett be amended by omitting ', including the potential expansion or adaptation of initiatives such as the Active and Creative Kids Vouchers'.

Amendment of Mr Nanva put.

The committee divided.

Ayes: Dr Cohn, Mr D'Adam, Dr Kaine, Mr Nanva, Ms Suvaal.

Noes: Mr Barrett, Mrs Maclaren-Jones.

Amendment of Mr Nanva resolved in the affirmative.

Original question of Mr Barrett, as amended, put and passed.

Dr Cohn moved: That:

- a) paragraph 6.82 be amended by inserting at the end: 'Recognising the constrained financial context for local government, any such requirement should be accompanied by the required resourcing for local government to be able to undertake this important work.'

- b) Recommendation 11 be amended by omitting 'consider changes to the *Local Government Act 1993* to' and inserting 'and support' after 'That the NSW Government require'.

Question put.

The committee divided.

Ayes: Mr Barrett, Dr Cohn, Mrs Maclaren-Jones.

Noes: Mr D'Adam, Dr Kaine, Mr Nanva, Ms Suvaal.

Question resolved in the negative.

Dr Cohn moved: That Recommendation 12 be amended by:

- a) inserting 'and active' before 'transport'
 b) inserting at the end 'as well as how to maximise the community use of existing assets.'

Question put and passed.

Chapter 7

No amendments.

Chapter 8

No amendments.

Resolved, on the motion of Mr Nanva: That:

The draft report as amended be the report of the committee and that the committee present the report to the House;

The transcripts of evidence, tabled documents, submissions, correspondence, responses and summary report to the online questionnaire and answers to questions taken on notice and supplementary questions relating to the inquiry be tabled in the House with the report;

Upon tabling, all unpublished attachments to submissions and individual responses to the online questionnaire be kept confidential by the committee;

Upon tabling, all unpublished transcripts of evidence, tabled documents, submissions, correspondence, responses and summary report to the online questionnaire and answers to questions taken on notice and supplementary questions related to the inquiry be published by the committee, except for those documents kept confidential by resolution of the committee;

The committee secretariat correct any typographical, grammatical and formatting errors prior to tabling;

The committee secretariat be authorised to update any committee comments where necessary to reflect changes to recommendations or new recommendations resolved by the committee;

Dissenting statements be provided to the secretariat within 24 hours after receipt of the draft minutes of the meeting;

The secretariat is tabling the report at 9.30 am, Friday 1 August 2025;

The Chair to advise the secretariat and members if they intend to hold a press conference, and if so, the date and time.

7. Other business

Resolved, on the motion of Mrs Maclaren-Jones: That the committee thank the secretariat for their all of their work on the inquiry.

8. Adjournment

The committee adjourned at 11.06 am, *sine die*.

Teneale Houghton
Committee Clerk

